

Everything You Were Never Told About Your Alcoholic

. . . and What You Can Do

By

Simply Sober

SIMPLY SOBER

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INTRODUCTION

I understand that you've been through a lot, but I need *you* to understand that I am not here to sugarcoat chips. Some of the things I'm about to tell you will be harsh, and others enlightening, often both at the same time.

What matters most is why you're here. You care about someone who is very sick and nothing anybody has told you, nothing you or your Alcoholic have tried, has been successful at getting them to stop drinking for a substantial amount of time, if any. You are baffled over why such an affliction—one which splices and dices so many families, and one that's been so prominent in society for so long—is met with such incoherence that you (and so many like you) are left to throw up your arms and declare, “I don't know what's going on. I don't know what else to do. I don't know why they can't just stop!”

It doesn't need to be this way. It shouldn't be this way. And in this day and age of awesome information and technology, there is no good reason why it is. There is no good reason why the public doesn't have a firm grip on what's going on with the Addict. There is no good reason for all the naivete. It's not as complicated and difficult as most expect, including your Alcoholic.

There are no promises here. I'm not going to knit you a sweater to keep you all warm and cozy while spouting off a bunch of happy-feel-good hocus pocus. What I will do is teach you a certain set of skills which will help you to help them. I will answer some questions you might have, and many you might not have thought of. I will help you to comprehend what's happening to your Alcoholic, why it's happening, and why you haven't seen much of anything work thus far. You will learn about some things you can do to help, and what you probably shouldn't do as well.

As I've disclosed in all my works, I am not a doctor, I am not a counselor, I have no fancy degrees, I'm not much of a professional anything. This does not indicate a weakness in my knowledge and understanding. What my lack of accolades ensures is that I can say whatever the fuck I want, however I want to say it, without being restricted by trending conventions, rules, and the liability of losing a professional career for straying from popular practice.

Besides, at this point, the lack of fancy and expensive pieces of paper on my wall shouldn't bother you at all. I can guess with the utmost confidence that you and your Alcoholic have already met and

listened to sloughs of decorated professionals with a lot of experience and kind hearts. Yet now you're here.

I am simply an Alcoholic who found that the exit door of my hell was never locked. It took a while. It took years to connect the dots. It took a long time because nobody was making any sense or describing what was really happening to me in an applicable way.

I was fortunate to survive long enough to acquire all the tools I'm about to share with you. Many are not as lucky as I was. And I'm here to tell you that, in this arena, the battle you are fighting alongside your loved one has very little to do with test scores, scientific studies, white coats and ties, framed pieces of paper hanging on walls, accredited facilities, or any of that stovetop stuffing. The solutions were here well before any of that came along.

HOW THIS BOOK WORKS.

Pretend I am in the room and speaking directly to you. When I ask you a question, please respond out loud as if I am sitting near you. If you wish to not look as if you've lost all your marbles entirely, simply keep your phone visible to spectators or maybe pop some headphones in your ears. Nobody will even notice your talking to a book.

And don't worry ladies, I am extremely attractive, so I should have no problem holding your attention. Just try not to get too clingy. For the men out there, I have no interest in your significant other. I'm a straightforward guy with zero tolerance for bullpucky and I'm practical in my delivery of applicable information.

Let's get started.

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Chapter 1
I CAN'T BELIEVE IT'S NOT BUTTER

Hey. What's up? I'm Jeff. What's your name?
(you speak)

Great to meet you. I understand you have a problem; or your problem has a problem. Either way, I think I can help.

I'm not much for beating around the bush. We're going to start with the most basic concepts and work our way up. Don't worry. I rarely get more technical than eighth grade health class level stuff. That's all we need to understand the complexities of what we're dealing with. And there's no math.

How about . . . we begin with the fact that your Alcoholic is not even addicted to alcohol. No, I'm not gonna get all metaphorical on ya. I'm not going to start telling you stuff like, "they're using the drug to fill the void that was left when their cat died," or any of that. Straight up. An Alcoholic is not physiologically addicted to the substance alcohol. Period.

But first, I need you to do me a favor. First, I need you to forget everything you think you know about alcoholism and addiction. I want you to go into your mental mansion, enter the file room, go to the file cabinet, open the drawer labelled ALCOHOLISM & ADDICTION, locate the file labelled STUFF MY FRIENDS TOLD ME and chuck it out the window. Do the same with the files labelled WHAT THE COUNSELORS TOLD ME, WHAT MY SHRINK TOLD ME, WHAT I READ ONLINE, WHAT THAT DOCUMENTARY SAID . . . and especially WHAT MY ALOCHOLIC TOLD ME.

If you don't know very much about alcoholism, and maybe only have a white board with the phrase ALCOHOLISM IS A DISEASE written on it in marker, go ahead and wipe it clean.

I'm seriously not trying to be cute. If you don't have a mental mansion with a file room, now is as good a time as any to start building one—because we really need those files deleted before we proceed. You don't need to go full-blown architect with it. Just imagine a room

with file cabinets and a window and start tossing stuff out. You can add rooms and decorate later.

I'll give you a minute to clean up.

Do do do do, do do dooo . . . do do do do, Dew, da-do-do-do-do.

I will start with some simple and brief science. Not to show what's wrong with your Alcoholic, but to show how they are different than you. That's the only thing they are guilty of when it comes to what they got addicted to: they were simply built differently.

When any human-being drinks alcohol, problem-drinker or not, it obviously soaks into the bloodstream and gives a little buzz. After circulating through the entire body, it arrives at the liver where it gets converted into a chemical compound called acetaldehyde. This acetaldehyde is the poison. Everyone makes the poison, but our Alcoholic's metabolism changes the consumed alcohol into this poison twice as fast as a person with a normal metabolism. Alcoholic metabolism equals double the poison.

Bear with me. There's a surprise ending.

After the poison loops through the whole-body system, alcoholic or not, it arrives at the liver for a second round of conversion and gets processed into a chemical compound called acetate. Everyone makes acetate. This is the form the body excretes—gets rid of via sweat, pee pee, and breath. In a Normy (that's you), this conversion happens quick and smooth. But in your Alcoholic, this transformation from poison to the expellable form happens twice as slow.

Do you see a problem here?

(you speak)

The alcoholic metabolism turns booze into poison twice as fast, then turns the poison into the expellable form twice as slow. The alcoholic metabolism allows a ton of excess poison to float around the bloodstream. The bloodstream leads to the brain. When too much poison crosses the blood-brain barrier in *your* brain, you start to feel like doo doo. (I apologize for the profanity.) Then you say it's time to stop and you get a hangover the next morning.

Here's where it gets weird. Something entirely different happens in the brain of the Alcoholic. When the excessive amount of poison enters your Alcoholic's brain, it starts to party and mingle with their neurotransmitters differently than it would in your brain with your little doses of poison.

The brain's neurotransmitters can be simply understood as brain-

chemistry (i.e., serotonin, dopamine, GABA ...), the chemicals responsible for moods (good or bad).

In your Alcoholic's brain, the excessive poison hooks up with the happy brain chemicals and produce a little devil baby called tetrahydroisoquinoline (T.H.I.Q.). We'll just call it THIQ. It sounds like some nasty stuff, and it is. This compound mimics opiates. This compound is identical to high powered pain killers: morphine, heroin, opium, and benzos (benzodiazepine) like Valium and Xanax.

What this means is an Alcoholic receives an entirely different reward from the exact same drug you take—a far superior reward. Your Alcoholic gets (and has always gotten) a better reward from drinking than you. When your Alcoholic pounds down their drinks, they're not just sipping on some innocent beverage like everyone views it. To the alcoholic brain, it's more like plunging a syringe with a crumb of heroin in their arm.

As you can now see, your Alcoholic is not addicted to alcohol. Your Alcoholic is addicted to THIQ. Like Jesus could turn water into wine, your Alcoholic turns wine into a highly addictive, high-powered, narcotic painkiller. This is the "allergic reaction" to the substance you may have heard about.

Messed up, right? Kind of puts a new spin on things, dunnit?

You always knew that, for them, alcohol was like taking a highly addictive, hardcore drug. Now you know that's exactly what they're doing. Problem is, they don't know it . . . yet.

To bind this tighter to your perspective, it would be as if every single drink you had ever drunk—from back in the wine cooler days, all the way up until now—and every alcoholic beverage you will drink from now on—were all spiked with little chunks of oxycodone, or a couple drops of morphine. Do you think you would be hooked on alcoholic beverages if all your drinks had a narcotic in it?

(you speak)

The problem was, us Alcoholics didn't know our drinks were spiked our whole life, nobody did. Even when it was apparent our habit was getting worse, still, nobody knew it wasn't even the alcohol we were hooked on. It's no wonder everyone is so confused. And the Alcoholic says, "They can drink it. Why can't I?"

You see, *your* brain cannot make THIQ. It doesn't matter how much you drink; you don't have the genetic coding to make this stuff. You could drink heavily every day for years, and you still would be unable to produce it. This is the reason why people can go buck wild

during their college years and most can tone down their drinking when it's time to start "adulting", and others can't.

This is also the reason for the confusion when an Alcoholic gives up drinking for a period, gets their life back on track, then try to test the waters again by drinking like a normal person—a couple here and there. They seem to pull it off, for a while, then suddenly end up bingeing again. And everyone throws their arms up wondering what happened.

I'll tell you what happened.

They tried to drink like a normal drinker and were successful—while drinking normal amounts. But only having a couple drinks won't make enough poison to trigger THIQ. Drinking like a normal drinker isn't enough to trigger the bender. (And we will go over what normal drinking is later.)

So, they go along thinking they've got their drinking problem licked. They set out to have a couple, and in that instance, they didn't experience any overwhelming urges to have more. They proved themselves right, that they could indeed drink like normal folks. But there's a problem. What started as an experiment to find out if they were capable of drinking in a controlled fashion eventually becomes just a tease.

You see, people drink for a reason. They expect a certain effect from the drug. They expect a certain result, and over time (sometimes a short amount of time, and sometimes longer), the pull for the **desired** effect leads to that third drink, "ah, what's one more," then the fourth, and the fifth, and eventually, "Ahh, that's what I was looking for."

Your Alcoholic can't achieve their desired effect from just a couple because they are not addicted to the effect of alcohol. They get a little buzz from the alcohol just like you, but that's not the **desired** effect they are looking for. There's another level. And the only thing that's needed to tip them past what might be considered a normal number of drinks is something like a rough work week, an offer of just one more beverage from the opposite sex (or sometimes the same), maybe a high school reunion, a best friend's wedding, or any little thing they need the drug to work for. It's why you may have heard the phrase, "An Alcoholic relapsed before they started drinking again." Something made them crave that specific effect. And that "something" is far more important than the effect itself.

I would like to add that this is the reason Alcoholics are so prone to graduate from alcohol abuse to pill popping narcotic painkillers.

Using pills gives them the effect they desire without swilling huge amounts of alcohol, and it's less detectable.

Your Alcoholic does not care about the buzz from alcohol. They want the high they get from THIQ, which requires more drinks. But they don't know this. They don't know that the effect they are looking for when they drink is different than yours. The Alcoholic is torn between drinking like a Normy (a.k.a. a couple drinks), and the urge for the desired effect that is unachievable with only a couple drinks. If the substance "alcohol" gave them what they wanted, then they would be able to keep it controlled. Alcohol is, indeed, controllable by everyone, but a high-powered narcotic painkiller is not. Would you agree?

(you speak)

Like almost all science, this is only a theory. But as you can see, it's a good one. Let me back it up with some scientific examples you can investigate further on your own time if ya want.

Back in the 90's there was a cancer researcher named Virginia. She wanted to study how alcoholism affects brain structures, but she needed some dead dudes. They needed to be fresh so any degradations of the brain due to drug-use were not mistaken for natural decomposition. What better place than an area in Texas known as Skid Row. She partnered with a local mortician and told the guy she wanted newly dead Alcoholics. He probably said, "We got plenty."

She got to work, cracking some skulls and slicing some brains, but noticed an oddity with here specimens. She kept finding the hallmarks of THIQ in the brains of the cadavers. At the time, it was commonly known that THIQ is a biproduct of heroin use. So, she goes to the mortician and says, "Hey man, I asked for boozers. All I got here are a bunch of junkies."

The mortician replied, "Nope. They were all found reeking of liquor with a bottle in hand, and there are no needle marks anywhere on their body."

Here's another example.

During WWII, the military did some experimenting on animals (humans are animals too, technically) with the goal of finding a painkiller less addictive than morphine. They tried THIQ and found it to be good for killing pain, and three times more addictive than morphine.

In other experiments . . .

Lab mice were given little dishes of vodka. The little fur balls

would sniff, taste, and give the party potion a try. Shortly after, the mice showed little interest in repeating the act. *When anyone says they drink for the taste of alcohol they are lying.* Then the white coats took some THIQ and injected it into their poor little Mickey Mouse brains and repeated the experiment with the dishes of vodka. The mice drank . . . and drank . . . and drank. If the white coat provided enough supply, the lab mice drank until they died.

I find this interesting when considering there's a bar or liquor store on almost every corner.

There was a similar experiment with monkeys too, where the white coats injected THIQ into *their* brains. The monkeys' brain was tested 7-10 years later with the monkeys being sober the whole time, and the THIQ was still there. No matter how many colon flushes, hot saunas, Fasts, or detox shakes: this stuff does not leave the system.

The smarty pants at the top of industry know all about what I've just shared with you. The question is, why hasn't this information reached your Alcoholic?

So how can this little nugget of knowledge help you, and your Alcoholic? How would it help if your Alcoholic knew they weren't addicted to alcohol, but something entirely different?

Until what I have just told you is understood by your Alcoholic, they will continue to look at alcoholic beverages the same way everyone else does. "It's just a drink." Everyone around them doesn't understand why your Alcoholic can't have "just a drink", and your Alcoholic surely doesn't comprehend why "just a drink" isn't good enough. But if the drink is viewed differently by your Alcoholic and everyone around them, there might be less offerings of those drinks, and there might be less acceptances of those offers.

What if everyone knew the Alcoholic is built different, and therefore, the drink your Alcoholic holds is different than same drink the Normy holds?

(you speak)

Nobody would offer a recovering junkie a syringe at the Holiday dinner, and if they knew what I just told you, they would understand it's the same with your Alcoholic.

Oh, I'm just getting started.

Chapter 2 BAMBOOZLED 101

Addiction. Addiction. Addiction. What is addiction? Just kidding. Don't answer that. You're supposed to have deleted those files anyway.

I've heard addiction commonly described in two ways. In a Health Psychology class, it was described as a behavior that's continued despite negative consequences (including biological, psychological, and social consequences).

In the Alcoholics Anonymous big book, in the section titled *Letter from the Doctor*, the doctor describes addiction as characterized by the phenomenon of uncontrollable cravings. A little vague, but okay.

Both are great descriptions, but they are still only descriptions; and quite frankly, a fancy way of articulating something you already know.

To understand how addiction works, you need to know what's behind the curtain of both descriptions. Let's begin with the first: continued use regardless of negative consequences.

This is another area where most can easily get confused. I don't know about you, but when I hear the words behavior and negative consequences, I think of positive and negative reinforcement (Pavlov's dog experiment).

It's well known that an Addict receives a ginormous reward from using, so that part of the equation seems simple. But we also know an Addict will undertake extreme negative repercussions and continue the behavior anyway. Is it just a matter of the reward outweighing the punishment?

(you speak)

Nope! If that were the case it would be easy to stay sober for long periods of time—because the reward is gone, and there are other reward alternatives.

I know that was confusing. Let me confuse you a bit more.

If the reward is the driving force, and you take it away, there is no

driving force. Then, you could say all the negative consequences make them feel bad, and that's the driving force because they just want to feel better. But many Alcoholics have a great life and continue to pick back up.

When this line of reasoning fails, you are left with the term chemical dependence.

If a person is chemically dependent, what are they depending on the chemical for? Happiness? "We got a pill you can take for that." So, psychiatric drugs are administered to force the reward. But no matter how many happy pills the Alcoholic swallows they still want to drink. Once again, not the reward. *I'll get to that last one later.*

Let's get to the bottom of this, shall we.

Earlier, I mentioned a little somethin' somethin' about the drug giving us Alcoholic's a superior reward. For visualization purposes, project one of those 3D images of a skull, brain, and spine in your mind's eye, like in one of those criminal forensic labs with the futuristic hologram computer displays. Spin that puppy around and zoom in on the bottom-rear of the skull, just above the spine. Now, imagine some mushy brains in there and you've located the Reward Center.

This is the primitive—"ooga booga" caveman—portion. These chunks of brain (or structures) are responsible for our survival. This survival brain was originally designed to give us chemical/emotional (neurotransmitter and hormonal) rewards when our body has the stuff that keeps us alive.

I know this sounds rudimentary, but it's safe to say that the basics for our survival are wonderfully important and far overlooked most of the time—subconscious, for the most part. Our survival essentials are as follows: air, water, food, sleep, excretion, homeostasis. All drugs aside, if these six essentials are well in-check we feel pretty-darn good.

This survival portion of our brain (I'm gonna call it Scaredy Cat) subconsciously monitors our whole-body system and lets us know when we are hydrated, oxygenated, nutrient rich, well rested, expelling waste at an acceptable rate, and whether the delicate chemistry experiment inside our skin-bag body is in balanced or not. It's automatic. You don't need to think about it.

This same part of the brain will also throw a subconscious tantrum if any of these essentials are lacking—equal to that of a tired and hungry toddler in the toy section of a department store. Your own design will let you know when you are low on something. The trick is

figuring out what it needs.

If a toddler goes on a tirade because he needs a nap, but you give him a treat to shut him up, how long does it take before the toddler starts getting clumsy and crying again? And trust me, there are plenty of purchasable means of giving Scaredy Cat a treat instead of simply addressing the natural deficiency.

Since an addict has a continuous flow of fake rewards (treats) showering their brain, the primitive-caveman-survival part of that brain gets tricked. Scaredy Cat get rewired over time and comes to believe the drug is the survival essentials. The reward of the drug mimics the reward of having all the essentials, without any need to go out and get them in real life.

In other words, when someone takes a drug, they feel better because their inner caveman is temporarily tricked into believing he has everything he could possibly need. This is the reason why it appears some addicts are lazy and irresponsible. The motivation to “get up, get out, and get something” is gone because Scaredy Cat thinks he has everything he needs in the bottle on the table two feet away. But watch how motivated he gets when that bottle is empty.

I know you’re already getting the picture, but please, allow me to just drill it in a little deeper because some very influential powers have dedicated an ungodly amount of interest in getting the masses to believe they are broken, then spin around and grab their crotch like Michael Jackson and tell them they can be fixed by big-industry’s technological potions (more drugs).

The basics of health, healing, recovery, the remediation of natural function, have been so convoluted that people don’t even trust their own design anymore. They were led to believe that they are sick, and the design of their body-mind machine is faulty; and not that they failed to see they were being misled and attacked by outside forces and reacting to those attacks in a perfectly natural way.

I know that escalated quickly, but I assure you, it was not overstated.

Being well hydrated with quality water makes you feel good. We know this because the symptoms of dehydration are headaches, muscle cramps, dizziness, dry skin, rapid heartbeat and/or breathing, sleepiness, low energy, confusion, irritability, and fainting. But not to worry, there’s a pill for that.

Breathing air (correctly) makes you feel good. We know this because if you don’t breathe you die. Just kidding . . . not really. But

breathing incorrectly, or not getting enough air on a regular basis, does lead to things like anxiety, hypertension, and remaining in a constant—most of the time subtle—“fight or flight” stress response that’s only supposed to be engaged when you see lions or tigers or bears . . . oh my. Any time you are in this sympathetic nervous response you are not healing, cells are not regenerating, tissues are not repairing, and body chemistry leans more and more out of balance. But not to worry, there’s a pill for that.

Quality sleep makes us feel good. We know this because if you are getting crappy sleep you get irritable, memory loss, confusion, acid reflux, weakened immunity, heart problems, fatigue, high blood pressure, high blood sugar, low oxygen levels, and low sexual desire. But not to worry, there’s a pill for all those symptoms.

Eating quality food makes us feel good. We know this because . . . duh.

Okay, I’ll stop there.

If all essential needs are met, we feel just as good as when we are dependent on a drug for the same feeling. But this task of being healthy almost seems unrealistic. Let me ask you right now. Why? Why does satisfying the most basic of survival essentials seem unrealistic?

(you speak)

Besides the physical feel-good effect of the drink due to a chemical high, or reward, using it takes away all the basic survival threats and worries, temporarily—but only while on the drug. And most of this bliss is misinterpreted. Was it the drug that gives the addict the euphoria, or the lack of need? This is what Yogi’s and Buddhists are talking about when they describe Nirvana. *Bliss doesn’t come from having it all, it comes from not needing anything.*

Which is more addictive, a drug’s reward, or the relief it provides?

(you speak)

If your answer was relief, or I don’t know; congratulations, you are now straying from the current addiction paradigm that does not work.

This, Nirvana, is the reason a drunken puddle-bum doesn’t seem to mind their conditions of squalor. Their body and mind have been tricked into believing they have all the food, water, sleep, shelter, clothes, etc., they need—while they’re on the drug. So, they simply stay on the drug. They see no need to work to get these things because it’s already bundled in a cheap bottle. They use a self-prescribed

medication to flood their body and mind with a lie which tells them they have everything they need to live a happy healthy life.

When their stash runs dry, the survival alarms go off. But instead of rehydrating, making salads, finding proper shelter for repeated quality sleep, and practicing mindful breathing—all they need to do is hunt down another drink.

You might say, “Well, those guys are down in the dumps, so they use it to feel better because their life is out-of-order.” Okay, but what about the successful people, the people who seemingly have it all? Why can’t they just stop?

This is something we hear about all the time with famous actors and musicians and millionaires. They have the life everyone desires: a great career, family, home, awesome new cars, vacations, chefs, large bank accounts, personal trainers, maids, they can take a year off if they want . . . you name it, they got it. But many throw it all down the toilet with drugs and alcohol.

Here is where we finally get to the tootsie roll center of the tootsie pop.

Before I get into the well-off people, let’s recap what happened to the addict. The drug replaced the real survival essentials. So, how do you think Scaredy Cat will react when he thinks all those essentials have disappeared all at once? What will the survival brain think when you take away what it has learned represents all the things you need to live?

(you speak)

They can’t stop poisoning themselves because once the drug is taken away the survival rewards go away with it, and then Scaredy Cat sounds the alarm signaling to that Addict’s entire nervous system that they are dying—they have nothing to survive on!

Why are they willing to lose it all for the drug? Because survival trumps everything! It’s as simple as that. It makes no difference whether the threat is real or fake. It does not matter what the external reality is, not when Scaredy Cat believes it doesn’t have water and is dehydrated, doesn’t have food and is starving, no shelter, no sleep, and no air.

The above answers many assumptions, like, “well, it’s not like someone’s holding a gun to their head.” As you can now see, it’s exactly like that. If you have ever taken an Addict’s stash and flushed it down the toilet, you know they get really pissy, panicky, or super angry if they can’t just run out the door and buy some more. It’s as if

you threatened their life in some way. It's not because they think they really want it, more like they think they need it to live.

I'm going to keep repeating myself. Your Alcoholic most likely has no clue all this is going on. To them, and everyone around them, it looks like pure insanity. The closest explanation your Alcoholic has most likely received about their madness is, "it's all in your head," most likely making them feel more insane. In a way *it* is all in their head, but no one explains what *it* is.

If this were happening to you, if your Scaredy Cat were screaming and pulling on every nerve in your body and brain, how much help would it be if someone's grand gesture of all-knowing wisdom were to tell you it's all in your head. That's it. That's all they got for ya. Oh, and maybe, "Go somewhere else and get some help. Good luck."

What if you could explain it to them?

The cravings come from the need to solve the survival problem, to shut Scaredy Cat up. Even if your Alcoholic has accrued massive negative consequences in their external life, it still doesn't compare to the torture of feeling like you're dying internally—every minute—for days—and not knowing why. And to twist the knife even more, the only way your Alcoholic has learned how to find relief from this feeling of dying is to consume more of the poison that's killing them.

You can expose the lie. Once the truth is revealed, most likely, they will find they have everything they need right in front of them, and this takes away most of the anxiety. And yes, this is hinting at how to stomp out the fires of cravings for almost anything. I'll expound on that later.

What's also confusing for everyone, especially your Alcoholic, is whether they admit it to you or not, they know when it's bad. The higher functioning, learning, planning, calculating portion of their brain (the pre-frontal cortex sitting behind the forehead) knows better, and it's being torn in half.

Mr. Potato Head (that's what we'll call the pre-frontal cortex) knows what the outcome will be, and it knows the behavior is unhealthy. However, Mr. Potato Head also has a duty. Mr. Potato Head evolved in the way he did for a reason. His first and foremost responsibility is to figure out how to get what Scaredy Cat needs. That's Mr. Potato Head's job! That's why he developed.

If Scaredy Cat does a system check and finds the body is lacking fresh water and is dehydrated, it's Mr. Potato Head's duty to go find the fresh water and make sure to have a good supply. Same with all

the essentials. After the essentials are taken care of, then Mr. Potato Head can be free to relax and plan a vacation. That's how everyone is designed.

Mr. Potato Head is younger than Scaredy Cat, from an evolutionary standpoint. Scaredy Cat has seniority, and when they have an argument it's usually big brother who wins.

Mr. Potato Head might say, "I know we don't feel well when we sober-up, but this is getting way out of hand."

Then Scaredy Cat yells back, "Look here buddy, we are dying! Now go find a way to fix it right now!" (Hence the term "getting a fix".)

Mr. Potato Head bends, and says, "Okay, I'll figure it out."

It's Mr. Potato Head who figures out the quickest and most effective solution to the survival problem. He's the one who made the association between the drug and making Scaredy Cat purr. But he also gets threatened by Scaredy Cat with the emotion of fear. Think about it. What emotion is produced if the part of your brain responsible for your survival believes you are dying?

This is where the insanity comes from. Mr. Potato Head knows better but cannot contradict his design until he figures out the lie. Once the lie is known, it's much easier to push through the discomfort. And this is one of many examples for the acronym F.E.A.R. commonly used in sobriety circles. False Evidence Appearing Real.

I never avoided stopping drinking because of the reward. The reward may have been how my benders began, but it was never why I didn't want it to end. I didn't want to stop drinking because I knew what I would go through once I stopped. The Fear.

Fear is a great motivator. The compulsion to continue drinking despite harmful consequences is re-enforced by the unknown fear your Alcoholic will undergo when they stop, which are mostly likely the same reasons they needed the reward to begin with, because they were already swimming in pool of fear that had become normalized before they began their addiction.

I think it's safe to say this is a powerful punishment for not using. So, when your Alcoholic drinks, they get a great reward, and when they stop, they get a continuous and intense death threat which lasts for days, sometimes weeks. *A seductive kiss to get the Alcoholic started, and days of whippings if they stop.*

How's that for behavioral conditioning?

The destructive behavior of drinking and relapsing you've been

observing your Alcoholic practice over the years makes a lot more sense when you seriously answer this next question. Would you lie, cheat, manipulate, eat a piece of doo doo, steal from loved ones, or even participate in a nasty sexual act with a stranger if it meant your survival? If you really thought you were going to die, would you do it?

(you speak)

If you can't imagine it, just look at an Addict. If the part of your brain that's hardwired to your entire nervous system literally believes you will die if you don't do whatever it takes to get what *it* has been conditioned to believe will keep you alive, you would do some crazy stuff just like them.

That's the compulsion.

The bottom line is, yes, people do use mood altering substances (and behaviors) for the reward, at least that's how it starts. However, the Addict will continue to use, or pick the addiction back up shortly after being sober, to avoid the punishment they will receive without it, which is labelled as cravings. The seemingly uncontrollable cravings come from Scaredy Cat's belief that all survival essentials vanish when the drug goes away.

I hope I laid that out simple enough for you. Don't ask me why this is not taught to the Addict right from the start when they seek help from the professionals, or even in middle school for that matter. That's a whole 'nother book, and quite frankly, more infuriating to delve into than productive anyway.

Chapter 3 CRAVING STOMPER

So how does one get rid of the cravings?

It's really simple. Let's do some reverse engineering.

Mr. Potato Head found a method which quickly satisfied Scaredy Cat's needs. What are Scaredy Cat's needs?

(you speak)

That's correct! The survival essentials.

By the way, I know I repeat myself a lot, and it is terrible writing form to do so. But repetition doesn't bother you when you watch The News, a sport, read the same book genre, let commercials run in the background, or go to work every day. It's for a reason and you'll get used to it. Repetitive messages are what shape perception. And I try to add a different angle each time I repeat. Try your best to tough it out.

If cravings for a drug come from Scaredy Cat's need for the survival essentials, and Scaredy Cat simply believes these essentials had left in tandem with the drug's reward, does your Alcoholic crave the drug, or do they crave the satisfaction of their survival needs?

(you speak)

Your Alcoholic never craves alcohol, or any drug. Your Alcoholic craves what the drug takes the place of, the real deal, the actual essentials. What your Alcoholic craves is proper hydration, nutrition, rest, balanced chemistry, and minimal toxicity battles within the body environment. (Damn! I'm gonna need to get more mics cuz I keep droppin' 'em)

It's confusing. Sounds almost too easy. It goes against what you've been led to believe this whole time. Everyone said, "It's the drug! The drug is the problem! Get rid of the drug and the problem goes away. . ." But what if the problem was never the drug? If that's the case, you can cease using the drug but the reasons someone feels they need the drug remain.

PAY CLOSE ATTENTION: IF THE DEVIL IS A LIAR, THE

LIE IS THAT THIS MYSTERIOUS PHENOMOM OF UNCONTROLLABLE CRAVINGS IS FOR THE DRUG ITSELF. IT IS NOT. WHAT AN ADDICT IS CRAVING IS THEIR MOST BASIC SURVIVAL NEEDS. AND THESE NEEDS ARE MOST LIKELY EASILY ACCESSIBLE.

I know what you're thinking. Many come up with clever excuses as to why it couldn't be this simple. Excuses like, "it was the drug abuse that left them malnourished, dehydrated, without proper sleep, unbalanced, and overly toxic." And this is true, at first. But then we would be talking about physical withdrawal. There's a difference. So, let me get the clarification out of the way.

Withdrawals are different than cravings. You can easily separate them by thinking of withdrawal as the physical symptoms, and cravings the mental.

The withdrawal phase, the sick phase of drying out, is no different that the Flu. It's a system recalibration and expulsion of toxins, and it feels nasty. While this is happening to your Alcoholic, their system is balancing itself out. . . somewhat. Every little molecule in their body is rushing around to rebalance the system's electricals, chemicals, and thermodynamics. And the discomfort of this sick feeling, these symptoms of recalibration, are a good thing because it means the body is doing what it's supposed to do to stay alive. However, these discomforts are often misinterpreted by your Alcoholic as physical evidence for Scaredy Cat's claim of imminent death.

Everyone's system is always working towards balance. It never stops. It's how we are all designed. Granted, it's a low level of accommodation in the beginning for the Alcoholic when they dry-out, but it's better than it was. They do feel much better, look much better, and say the intense mental cravings and physical jitters have diminished. But what happens weeks, or months later?

They most likely ended up in someone's care or did it at home (*At Home Methods for Alcoholic Withdrawal and Cravings*) where they filled their belly with food, drank a ton of water, and laid around for a few days, and they seem to get well rather quickly after the detox. They kinda started to get their essentials replenished. So, I ask you, why the aftershocks of cravings far beyond? Why after some time has passed, they've been sobered for a while, does it come back?

(you speak)

You can see it when they switch to another drug, vice, or compulsion while they are "sober". They get hooked on whatever else

will accommodate Scaredy Cat's alarms. Recoverees will say, "as long as it's not my drug of choice!" But how long do you think these substitutes will suffice?

Welcome to a nice slice from the blade of Occam's Razor—keeping things as simple as possible.

All I have told you so far can be easily summarized: The brain misinterprets the reward of the drug for having all the required survival essentials completely satisfied. You just flip it around, and the cravings for what the Addict was substituting those essentials with (the drug) goes away. It can be reversed, stomped out, by completely satisfying all the survival essentials. It's as simple as that.

So why didn't I just lead with this? Because there's always another deception.

Many have taken their most basic, physical essentials for granted; not to mention, how they interplay with overall health. People say, "I have water pouring out of my faucets, food in the fridge, plenty of air to breathe, a bed to sleep on, and I poop and pee."

We are going to use you for comparison.

So, let me ask, do you breathe properly throughout your day, drink pure water and mostly pure water throughout your day, mainly eat fresh food in proper portions, sleep consistently-well through the majority of the week's nights, have balanced chemistry, and are able to rid your system of waste efficiently (or have minimal toxins to excrete in the first place)?

(you speak)

You see, this is the crux of everything health and wellness, to get back to a natural and balanced state of being. This is how healing is facilitated, by reintroducing a more natural way into our day, or getting back to a more natural state.

Notice the word health has "heal" in it. The human was already designed to heal, and heal rather quickly, if we can stay out of its way and believe that it can. Now look at societal practices and you can understand the war. Many can no longer discern what's even natural anymore. Everything is just "normal" now, with the definition of what's normal changing daily.

Like I said, we take our basics—the essentials that should *already* be there naturally—for granted. Phrases like, "Good enough," and "I know I should probably work on that . . . maybe later," ease into our habitual excuses while our priorities stray from being a natural living animal to a simulacrum of species who appear to not belong to this

planet at all.

In general, as a society, we spend most of our day inside a box, self-caged by our offices, homes, cars, and shopping centers. Tinted sunglasses, windows, and carcinogenic pastes block our eyes and skin from the vital energy of the sunlight our bodies are designed to absorb and use. These days, it's not a simple task to get fresh air into our lungs if we live near a big city, nor is it easy to find a space free of digital radiation waves messing with our bioelectrical system and degenerating our body cells. Our shoes insulate our "soles" from Mother Earth's electrons. We forgot how to effectively communicate with anything that isn't electronic. We have become conditioned to live in excess. We live out-of-balance, using more than we need, and far too busy maintaining that excess to have any drops of compassion left for much else. Our diet of information literally drowns our consciousness in a virtual matrix of uselessness and draining distractions. Don't get me started on what has happened to our food. I even know of some people who dislike the taste of water, but that's understandable considering they most likely have never drank from uncontaminated sources. What human being doesn't like water? That alone should speak volumes. Circadian rhythms—our rest/work cycles, which should coincide with the natural clock in the sky and yearly seasonal changes, were launched out the window with a catapult a long time ago. The parts of our skin that we don't hide beneath paint and product are draped in the finest petroleum-based fabrics. The sounds entering our ears and hearts resemble nothing of the musical winds, waves, birds, frogs, crickets, and streams; no, we download an app for that when our anxiety reaches sleepless heights.

We no longer live in the habitat we are designed to inhabit. We are practically out of sync with just about everything we were designed to do. We are like a fish living on land. It's no wonder why the body and mind seem out of whack. It's no wonder Scaredy Cat sounds the alarms and moves the masses to reach for anything we're told will give an inkling of comfort—if only for an hour, anything to relieve the suffering in this alien world.

Okay . . . I'll quit bitching before I throttle my fist through my computer screen. Oh, don't get me going on all the damned screens we stare into all day! I can't even fill up my gas guzzling pollution machine without the friggin' pump telling me something I don't need to know.

Aaaand . . . I'm done.

The following is not intended to show-off how buff my health knowledge muscles are. Nor is it to overwhelm you with some outlandish health regimen. It's to show you that something has happened to most people's basic living essentials, and that we were far too trustful when leaving the regulation of such things to other people while we stayed busy distracting our self from their lack of quality.

Let me start with water. Seems simple enough. Seems like there's plenty of it around to drink. First let me describe what water is and is not. Water is water, but just because it's called water does not mean that it's just water. Our body wants real, natural, from the earth, unadulterated water. This is the liquid our body (and every other organism on the plane) was designed to run on, and we are made of like 75% of it. Soda is not water, juice is not water, coffee is not water, tap water is not water!

Let me explain the tap water thing first.

In the good 'ol U. S. of A., the municipal water supplies are processed, the water is tampered with "for your safety", and there are things put in it that we do not want in our body. When municipal water gets to our faucet it has undergone a process that looks something like this:

Step (1) Collection - usually from an already contaminated source near the city, full of waste. If this were not so, you probably wouldn't need all the next steps. Step (2) Screening and Straining - to get the big stuff out. Step (3) Chemical Addition - sounds yummy. Step (4) Coagulation and Flocculation - interesting verbiage, and I'm not even sure what that second word even means. Step (5) Sedimentation and Clarification - let the nasties fall to the bottom and sweep them away. Step (6) more Filtration. Step (7) Disinfection - which means add more chemicals like fluoride and chlorine. You can take your first step into this rabbit hole by simply looking at the warning label on your toothpaste and read what it says not to do with fluoride as you put it in your mouth. And then there's the chlorine, the chemical added to disinfect swimming pools, the same one that burns your skin and eyes when there's a little too much. Step (8) is Storage - probably in some big and hot metal dome thing. Step (9) finally, Distribution - usually through miles of old-rusty-funky pipes.

As you can see, tap water is not just water anymore. The same fluid many use to flush and rehydrate their body-system with is actually polluting it. It won't kill you if you drink it, but it darn sure

isn't good for you long term, like hotdogs.

Most bottled water is tap. Tap is used in soda, coffee, and almost everything else you buy off a shelf, or in a restaurant. Do you really think large soda manufacturers are going to use natural spring water to make their products? Do you really think your favorite coffee house doesn't just hit the faucet handle when making your cup of Jo? Do you think that jug of 17% juice in the fridge has some high-quality H2O filler in there, do ya?

Good water is not hard to find, and it's cheaper than all the above. There are plenty of places that will deliver those five-gallon jugs of the good stuff right to your doorstep. Then there's the grocery store, and even if your favorite grocery store doesn't supply natural spring water from a subglacial aquafer beneath a granite slab in northern Minnesota, just look on the label for the word ozonation. Ozonation is the treatment process used by almost every single civilized country on the planet who've already banned the American water treatment style. (I wonder why.) It's much healthier. About the only thing municipal water is good for is washing your clothes and dishes.

Don't worry if you think, for some reason, you just don't like water. Once you start drinking real water, you'll most likely find the taste pleasant, and all your body cells will do a little happy dance.

I just gotta throw another little tidbit in here. If someone has any kidney issues (I'm not only talking about a doctor diagnosis, a.k.a just before you die from it) which encompasses most Alcoholics in early recovery--or people with thyroid issues--you want to stay away from fluoridated water as much as possible. *Hmm, I wonder if that has anything to do with the fact that hypothyroid medications are in the top 50 most prescribed? All those sips from the elementary school drinking fountains . . .*

Okay I'm done with that one.

On to food.

Basically, it's the same deal we got with tap water. Not all food is real food, not after the manufacturer is done with it. So, we all know they add a bunch of chemicals to the food (there are 30,000 different chemicals that a manufacturer can legally add to your food in the U.S.). They also grind it, strip it, turbo cook it, and radiate it; anything to kill the nutrients (which is what microorganisms that spoil food love to eat) to make it last longer on the shelf and keep the consumer unsatisfied.

You are what you eat. Is your food dead, or alive?

Basically, get as close to one ingredient foods that are still alive as much as realistically possible. An apple is an apple, that's its only ingredient, and it's still alive (just wash off all the chemicals). You got your veggies, fruits, nuts, legumes. Eat as many of those as you wish. Dairy should be minimized in everybody's diet, but you can dig up the info on the reasons why on your own. And if you live in the U.S., meat is the always the main course. American food culture revolves around tons of meat, but we really don't need that much. Cut that slab of meat in half.

And then we got the big one, the devil's cocaine, the most destructive substance in the known universe, Sugar. All you need to know right now is that sugar is nothing more than a highly addictive and accepted and expected drug to use. I'm not saying this in the sense that everyone loves the sweet taste of sugar from cane. The good ol' sugar of yesteryear was bad enough, but like everything else, sugar is not simply sugar anymore. Now days you got high-octane sugars, and they are in everything.

Example. Remember when they used to literally put cocaine in Coca-Cola? Who says they used to? How do you think high-fructose corn syrup is made? Yes, you are giving your child cocaine. The funny thing is sugar is eight times more addictive than cocaine. I'm surprised we don't see people chopping up sugar cubes and snorting it.

When you're hooked on it, you're on a sugar rollercoaster of short-term satisfaction followed by subtle withdrawal and craving. Carby foods, which easily turn into sugar, and sugary foods, are called comfort foods for a reason. It's a drug, and one of the most widely abused ways for dealing with (or getting the symptoms of) anxiety and depression; but, when your Alcoholic is riding this rollercoaster, it can also exacerbate cravings for a drug that works better.

This sugar trap is dangerous because a sugar-level rollercoaster can be emotionally destabilizing, especially for your Alcoholic. Their body responds to sugar a little different. After years of alcohol abuse, their pancreas learned to compensate for the sugar level ups and downs. And what happens—when your Alcoholic puts down the bottle and picks up the fork to shovel large amounts of sugar and carbs into their food cave—is their pancreas overshoots the mark. So, for an hour or two they feel better (sugar high) after gorging on those fine candies, and then they crash hard because the pancreas squirted out too much insulin and dropped their blood glucose level super low. Eventually this causes a craving for their drug of choice, which works

better than sugar.

Go ahead and look up the symptoms of low blood glucose. You'll make the connection.

. . . Alright, I'll give you a hint. The symptoms look almost identical to alcohol withdrawal.

No more free bees.

On to sleep.

I don't know how many times I have heard someone say stuff like, "I can function just fine on 4-6 hours," and, "I make up for it on the weekends," or, "Ain't nobody got time fo' dat!" No, no, and no! We need real sleep and rest cycles, 7-8 hours, uninterrupted, every single night we possibly can. This target sleep duration of every single night makes up for the one or two nights of bad sleep mishaps. We need to hit all four phases of sleep, like deep sleep and REM, without interruption from things like sleep apnea or crying babies. Get a routine, get a sleep analysis done, look up dietary factors, whatever you gotta do, do it to get good sleep. Sleep is a human's healing superpower.

Another fun fact is, drunk sleep skips the dream stage and goes straight to deep sleep. When someone is sleep deprived in this way, they get hallucinations. These hallucinations are basically that person dreaming while awake.

Breathing.

Many people stop paying attention to their breathing. How bad has your breathing become over the years? I'm not talking so much about the quality of air; although, it's a big factor. I'm also talking about posture, depth of breath, the expansion of lungs massaging internal organs, the calming effect of proper breathing, and so on.

A stressful disposition can result in the habit of short and shallow inhales only being absorbed by the upper lung lobes and depriving the whole system of the essential nutrient called oxygen. But you can also easily flip it. Stress reactions can be reversed by mindfully breathing properly. Think, panic attack. What is someone who's having a panic attack told to do? "Take ten deep breaths." Now, how do you think breathing properly all day, every day would affect anxiety levels? The simple science is, nervous system receptors that calm you down live in the lower lung lobes, and fight-or-flight receptors live in the upper.

Next!

Homeostasis, usually understood as balanced body chemistry, is essentially referring to proper function of the whole system. It

balances itself, if allowed to do so. If it's off balance, it's usually because of something you're doing (or happening to you) that throws it off: drinking, eating, breathing, or thinking something bad too often—and so on.

If you are unaware of how balanced your system is running, there are a few simple tests and things to look for.

Pain is a good start. Pain is inflammation, and much like fear, we get used to inflammation. *Ironically, many people drink alcohol for pain, yet alcohol consumption inflames the body later.* When it gets bad enough, it's often believed there's a mechanical issue. There may be a mechanical issue, but the pain can be drastically reduced by decreasing inflammation, like why ice is often used. Ice decreases inflammation thus reduces the pain. But this can also be addressed by keeping the chemistry in check, which will cause most mechanical issues to lose their sting.

You got your PH balance, which is basically a measurement of how well electricity can flow through the fluid in your body, alkalinity vs. acidity. Diseases love acidic systems (especially with high sugar). In a range from 1-10, the human body functions best between 7.35 – 7.45. That's quite a sensitive range, and almost everything society considers fun makes it more acidic. This is easily tested by sucking or peeing on a litmus strip and checking the color chart.

Then you got your blood sugar. If your blood sugar is too high or too low your mood changes along with it, like Joe Pesci in a Snickers commercial. To wrap your head around the importance of blood sugar highs and lows just ask a diabetic. Glucose meters cost about thirty bucks for the whole setup. You don't need any official diagnosis to check your own levels.

Another simple way to know if your chemistry is off balance is by taking an account of your daily stress level. When you are in distress, your body chemistry is much different than when relaxed. When stressed, you are in a subtle survival mode, fight-or-flight, and pumping your system with destructive chemicals like cortisol, adrenaline, and norepinephrine. This is yet another state, like fear and inflammation, people get used to over the years and it creates all sorts of (most) health issues.

Other things to investigate are the color, texture, and smell of your urine, feces, tongue, and skin.

That's enough about homeostasis.

Now for excretion.

Excretion is basically the body getting rid of toxins. The body is designed to do this efficiently and naturally, unless we get in its way with the habit of bombarding it with polluted water, toxic food, and stifling stress chemistry.

Fasting is a good food-limiting practice which allows the body to catch up and push out all the bad stuff that shouldn't be in the body. Fasting is when you stop gobbling down crappy food and drink for a period and relax during that block of time. You want a break in there. You don't need to do a multi-day starve or go on some special retreat to do this. The simplest, and most natural way is to not eat or drink anything but good water for 12 to 14 hours daily, a daily habit of when *to* and *not to* eat. For instance, eating dinner at about 6 p.m. and then not eating again until about 8 a. m., when one would typically eat Break-Fast. Get it? Or, if you're like me—last snack at 9 p.m. and breakfast at about 11 a.m. This allows the body to do what it was designed to do.

Additionally, this helps set a natural daily cycle—rhythm. Other things to keep in mind are just making sure you have good digestive tract flora (probiotics), and not eating fake food full of toxic chemicals; a.k.a. having less toxins to get rid of in the first place.

Easy peasy.

These are simple, easily manageable, basic, fundamental, and natural daily practices that should already be in place, it should not be a chore to satisfy these areas. Nevertheless, when these simple, basic, and easy to manage survival essentials are not addressed, the survival brain gets the alert that that person's survival is at risk.

You may not be in a hospital bed, but Scaredy Cat knows when things are off.

Malnutrition from continuous consumption of fake foods will upset Scaredy Cat, as will chemicals added into the water, and we all know bad sleep will tie anyone's knickers in a bunch, and so on. These types of things are the smoking gun for any maladapted behavior or addiction. The behavior which manifested into habit (or addiction) is simply a personal loophole, or cheat, to feel as if these essentials are reasonably satisfied when they are not, or to distract from how it feels when they're unsatisfied.

I wonder how tilted these things were before your Alcoholic started abusing their drug of choice.

Once the survival essentials are reasonably satisfied your Alcoholic

will not crave their drug of choice. The cravings are the compulsion, but do not mistake the compulsion for the cause of the obsession. So, what is this obsession, or what is the obsession for? That will be handled in the next chapter.

And yes, I did indeed inject the terms obsessive and compulsive when talking about alcoholism. OCD is part of the anxiety-disorder family, and alcohol is an anti-anxiety drug. Now stop thinking like a doctor and get your head back in the game.

Chapter 4 THE GREAT OBSESSION

Let's say your Alcoholic quit drinking and even applied the craving stomper technique of satisfying Scaredy Cat's basic survival essentials. Is that enough?

(you speak)

No.

The Alcoholic is not only contending with the compulsion. They (and you) must also realize the nature of their obsession.

Ask me, "Why can't they just stop?"

(you speak)

Do you drink sometimes?

(you speak)

How would you *feel* if you couldn't drink for one year? Only one year of your life. For whatever reason, just for argument's sake, like if you were on some sort of lifesaving medication that didn't allow any alcohol consumption. How would you feel about one entire year of sobriety?

Before you answer, think long and hard about this prospect, because your Alcoholic surely has. No drinking on your birthday. No sneaking a sip when the ball drops on New Year's. Christmas parties, Fourth of July, St. Patrick's Day, Cinco de Mayo—all these holidays, you're dry. Nervous on a first date, you're gonna be sober, the entire date, even if it looks like the date could end well in your bedroom. Each and every graduation party; dinners with people you don't tolerate well; christening a newly purchased home; bachelor(ette) parties, sporting events, and wedding receptions—even if your own wedding falls in this year—you gotta raise your glass of juice or soda when everyone cheerfully toasts. Yearly vacation, trips to the cabin, or going on a cruise that you worked so hard for—you're on the water diet the whole time. When the proverbial feces hits the fan and

splatters all over your life: a close relative passes-away, you get laid-off, had a horrible work week, ugly divorce, fender bender, a fight with your best friend; anything that happens, you need to deal with it naturally, no quick relief from a cocktail.

I know you don't have a drinking problem. You can control it. You don't drink too much, and you could easily pass up the party-favors in any of the scenarios I listed. I know you *can* do it, but how would you feel about it if you couldn't use alcohol for one year straight, no cheat days, not one drink?

(you speak)

Do you think there might be any auxiliary repercussions? Do you think your friends and family, or coworkers, might treat you a little differently? Do you think you might eventually be invited to a few less shindigs? Might you feel left out? May you become viewed more as a goody-goody-two-shoes, less trustworthy around their boisterous behavior, like if they wanted to talk trash about the boss or someone?

(you speak)

Even the normiest of Normies find the prospect of getting through just one year without drinking alcohol an absurd concept, if not the most socially awkward year of their adult life. It's not an easy feat, even for someone who could care less about alcohol.

You simply never needed to think about it in deep detail. You simply never needed to fast-forward through the movie of an entire year's worth of scenarios to see how many instances this drug is tooled for; and why would you, it's never been a problem. It's always been an option for you. Whether you want it or not, the option is still there. It's funny how unaware we can be of something, until it's taken away.

I have spoken with a few Normies who had experienced this peculiar sort of absence (yes, I said absence), and what they had found was surprising. To the masses, drinking is a completely normal, acceptable, and **expected** behavior. Even the people who are not an Alcoholic, or don't even like to drink, feel the pressure to do so, sometimes nursing an alcoholic beverage for hours at a party simply for the look. It's a common thread woven through almost every aspect of the social fabric. So much so, its omnipresence is taken for granted, like oxygen.

Almost everyone—Alcoholic, or not—learned from a young age that one of the best ways to adjust their inner world to interface better with their social environment is to add this magical potion to the mix: to have more fun, relax, elevate or alleviate emotions, mourn, deal

with stress or pain, celebrate, and all of the other things we observed older people using it for throughout our development. Whether we realized this was what we were being taught or not, we still saw it.

As children—raised in an Alcoholic family, or not—we observed our parents and other adults drinking at fairs, picnics, vacations, and most social functions. Christ, they even took a shot of wine during Sunday service! We saw them doing it to have fun and get silly. We saw them do it to decompress. We saw them doing it almost everywhere there were adults past 6 p.m. It persisted in movies, commercials, magazines, billboards, and glorified in music as well—oh, and don't forget social media. This behavior of consuming a special concoction, which only the adults are *allowed* to drink, is imprinted onto almost every child's psyche during their most personality-forming years of development; once again, through the child's observation of the people they are hardwired to learn how to function in this world from.

Then stress built as we got older—Alcoholic, or not. Curiosity about the power of this magical potion blooms. As teenagers we begin to feel the squeeze of expectations, and the relentless pressure to satisfy the primal need to be included in a group, to fit in. Anyone who has tried it knows, it works very well, just as advertised. There's nothing like using a product that works.

It makes no difference whether what we had observed throughout our entire development was responsible drinking or not. The message is still engraved on the granite walls of almost everyone's mind that the act of drinking is a common and *normal* way to mend and enhance the experiences of life (not to mention, the coolest).

If aliens were to observe our species from their hovering spacecrafts, they too would be curious about this obsession for the Jolly Juice the humans hold onto so dearly.

And remember, I'm only addressing alcohol. I haven't even touched on psychiatric meds, marijuana, coffee, sugar, gambling, smart phones, tobacco, and all the other flavors of drug the masses use on a regular basis to manage their daily lives with. That would be the all-encompassing program we all downloaded, to throw a drug at each and every discomfort we have—but that would be getting off topic.

The fact remains, the great obsession for drinking—whether it negatively impacts an individual's life or not—is not solely owned by the Alcoholics. It is an obsession held by the masses. It's such a staple in societies across the plane of human existence that if alcohol were

to vanish tomorrow, with no way to produce more, the entire world's economy would undoubtedly collapse without recovery and major cities would certainly burn in flames until another drug became *normal*. But that's just my opinion.

When my struggle began, when my friendly assassin stopped being so friendly, when my bio/psycho/social/spiritual consequences became too much to bear, and when I first began revising the contracts I had made with my consumption, I was more than willing to give up the amounts I drank (if I could, and believe me, I tried). I was more than willing to give up the extra high from those extra drinks, if only to retain my access to something which made me feel normal.

Yes, the euphoric properties of the drug made me feel normal by reducing anxiety, but there was another overlooked aspect to my urges. It was the primal hardwired need for inclusion.

Alcohol made it easy to weave myself into the social fabric. It let me ease into social circles. It let me bond seamlessly with anyone holding a glass. But when it got to the point where I knew I needed to quit drinking, I was not only faced with the mental cravings and crash-courses on how to cope with daily stressors without the drug, I also needed to heal my shame of being removed from my fellow drinkers, my herd.

I was threatened with being ostracized and sentenced to roam the land alone. I was simultaneously surrounded by, yet separated from, a herd who could all still enjoy the universal obsession, and I felt passively segregated from a group I had thought of as family; because let's face it, if I got enough drinks in me, everyone in the room was family.

Do you want to know what's not considered normal behavior by the herd of which I once belonged? Living an alcohol-free life. Ironically, having the strength to be yourself and get through a social function while sober, and still enjoy it, is some sort of threat to the people who choose not to.

Those in early recovery, and Normies alike, are quite familiar with receiving strange looks when they turn down an offer for an alcoholic beverage at certain events. (Not every event, but enough.) Or the extra-loud confirmation to the immediate area that, "This guy needs a water! Can somebody get this guy a water, or something? . . . I know there's beer in the fridge Pete! But this guy needs a water, or a soda. Do we have soda? Do you want a soda dude?" Which is just party language for, "This guy is not drinking!" Or the obvious lack of

invitations to certain social functions altogether. I will admit, for me, most of this treatment is most definitely Karma.

Even if the host and other attendees of a party are open minded and tolerant of one's lifestyle choice to be sober, just wait and watch. Let that shindig run its course for another couple-a-few hours. Let those tolerant-minded drinkers get past their first few drinks. Let the sun go down. Observe who The Drinkers tend to gravitate towards, who they are talking with the most, who they are laughing with the most, who they are dancing with, who they are hooking up with, who they are networking with. Before you know it, those same people who exchanged their formal pleasantries at the start of the evening will be as segregated as a high school cafeteria halfway through the night.

Here's another little experiment. Throw a party on a Saturday night that starts after 7 p.m. On the invitation, note that, "The venue does not allow alcoholic beverages on the premises." One month later, throw another party with the two words "OPEN BAR" on the invitation. I don't care if you're friends and family are problem-drinkers or not, you know what the difference in attendance will be.

I'm not trying to disrespect, judge, or hate-on any type of drinker. I'm simply revealing an aspect of my own recovery that I, and darn near everyone around me, seemed to overlook for far too long. That the obsession for drinking was shared by so many people, not just the Alcoholics, and I felt like a member of a popular group called The Drinkers. When I had to leave this group, it triggered an identity crisis within my already paper-thin shell. An identity crisis I was unaware of for more years of "attempted" sobriety than I care to admit.

I needed to confront a harsh truth. I had to become one of those people I once looked down upon. I had become one of those people I viewed as weak, broken, and cursed. I had a choice, to become one of those people I had dismayed for over a decade or die trying to hold onto my old ideals with a cast-iron grip which had rusted and seized shut.

You see, even after being sober for a while, it was easy to look across the pasture and miss the old herd. It was easy to long for the automatic connection to anyone holding a drink and the involvement in all the reindeer games.

It wasn't until I found a different herd, a community who had learned how to build and enjoy a life without any need for alcoholic enhancements or crutches. A group of fellows who showed me that we hadn't been cut-off from the normal people but were simply forced

to escape the same obsession so many unknowingly had. I realized it was okay for me to let go of my obsession for inclusion in what I thought was normal, and it was okay to admit I am different from many—but not all.

Through the teachings and practices of my new herd, I learned to be comfortable with a new norm. And it was this social shift which allowed me to focus on what I truly needed to do to live a better life, instead of looking at what everyone else was doing.

The true obsession of the Alcoholic is not for the high of the drug. The role of obsession in the Alcoholic is to satisfy a social need that's ingrained in the hearts of absolutely everybody: to stay with the herd they are most familiar with, identify with, and to not be any more alone than they already feel in this world. The Alcoholic will surmount a never-ending mission to find a cure for this so-called disease, so they don't need to leave their herd; or to reunite with the familiar during a relapse.

Since there is no cure, everyone sees the Alcoholic relapsing in their attempts to regain something they had lost, but even the Alcoholic does not realize what they're truly obsessing over. They think the booze has some sort of magical power over them because they are looking at the wrong thing.

The sad truth is, if nobody around the Alcoholic drank, if it weren't constantly in their face, if what they saw in the world was only non-alcoholic consumption, it wouldn't bother the Alcoholic one bit to stay sober after they decided to quit because, if this were the case, the person drinking alcohol would be the outcast.

Here's the thing. Until this notion is realized—that the Alcoholic's obsession was normalized to them, and everyone around them—the Alcoholic will continue to step into the boxing ring with their drug of choice round after round trying to defeat their trait, an 800 lbs. gorilla, thinking the whole time they can find a way to control it. The Alcoholic just wants to control it so they can continue doing it like everyone else. That's how an Alcoholic who still wants to drink defines a cure, a way to keep drinking but without all the damage.

Here's the reality check.

What does normal drinking even look like?

(you speak)

According to the National Institute of Alcohol Abuse and Alcoholism, “low risk” drinking for women is no more than seven standard drinks per week, with no more than three in one day. For

men, it's no more than fourteen standard drinks per week, with no more than four in one day.

That definition says one day, but let's keep it real and say one sitting.

Doesn't sound so bad, right? Looks like everything's under control, right? Seems like feasibly normal amounts people might drink, right? For many this might seem like a regular week's worth of drinks. But this is not what normal drinking looks like. These are the numbers for "low risk" drinking. This range is in the risk category. The risk is low, but what is this drinker at risk for?

This makes sense when you remember (in the first chapter) how THIQ's gates cannot be opened by drinking only a couple, two. Go back and look at those numbers for low risk drinking again.

Even if a person has the genetic coding for alcoholism, it will not engage if they always drink like normal folk. And this scenario does happen to some late bloomers, like if they drank normal truly normal amounts, then retired and decided to add a few more drinks to the roster and found they couldn't stop.

What we find with people who truly don't depend on alcohol to manage their mood (Normies) is that it's the last thing on their minds. Other than having a severely messed up day or week, or it's a special occasion and they're not driving, drinking is rarely in their plans. Drinking is not in their weekly routine, not even small amounts.

They go to a social event and if they feel like having a drink or two, they do, and they are totally happy with just a couple of drinks once in a blue moon. They are the ones who maybe drink once or twice per month, and even then, it's a couple, or a few drinks maximum. This is not because they need to set a limit. These people don't need to set rules for their drinking at all. You will never hear a Normy tell someone they can't have another because they need to drive, unless it's a polite way of rejecting an offer for a beverage they don't want. Unbelievable, huh? I assure you; these people do exist.

Think hard about the drinking habits you've observed people practicing, not just currently, but throughout your past as well. Is the type of drinking you see when you go out normal drinking, or is risky drinking normal?

(you speak)

So, where's the biggest herd for sober Addicts? Are there groups or communities a sober addict can join?

Chapter 5 MASLOW'S MAZE

Many sufferers in early recovery are told to go to support group meetings. Fewer, but still many, are willing to go and give the outlined program their all--participate. And even fewer find any sobriety program that works for them. This is not due to the efficacy of the program.

For our purposes, I will use the Alcoholics Anonymous program for discussion. And you could probably relate it to therapy appointments as well.

This is the big one that really dashes the dreams of early recoverees who are dealing with the frustrating belief that nothing is working to keep them sober, especially the ones who entered a sobriety program with enthusiasm and high hopes.

After trying so hard and doing everything they're told, they still experience cravings despite all their efforts. They go to their meetings, do all the footwork with their sponsor, and they feel good while they're doing it. But then they go home and still experience the draw, the bottle keeps calling, the cravings are still there. After a few weeks or months of this, one can understandably arrive at the conclusion the program does not work.

It's easy to silence Scaredy Cat's alarms with distractions, temporarily. But once the distraction is over, Scaredy Cat is still there and he's not a happy camper.

A relapse can occur, life goes sideways, and then they squeamishly crawl back to the only place they've found an inkling of salvation, the sober herd, usually after they had revisited the drinking herd for a little while.

When they do get back to the sober herd, they are welcomed back with open arms and get to listen to catchphrases like, "It works, if you work it." As if this poor soul didn't do everything that was asked to the best of their ability.

That's rough.

Now I'm not saying people in early recovery don't have a tendency of doing some things half-assed, but let's take a minute to check out Maslow's Hierarchy of Psychological Needs. Just pull it up on your phone, or whatever screen you have within arm's length, and look at the bottom two tiers of that colorful pyramid.

This hierarchical pyramid has 5 levels. At the bottom, the first, most important, foundational level that comes before anything else is Physiological. Beneath the label of the level "Physiological" you may find a list: oxygen, water, food, rest, regulation, elimination. Does that look familiar?

(you speak)

The second level of the pyramid is Safety, third level is Belonging, up from that is Esteem, then Self-Actualization, and each have a little descriptive list beneath their label.

The premise of Maslow's theory is that a person cannot satisfy any level without first fully addressing the level below. One can attempt to satisfy any level, but the effects of any progress will be short-lived without the solid foundation of the level below. No level will stick without the level below it being locked-in tight.

Examples.

Nobody gives a shekel about their Safety level if they're starving to death. They will put themselves in harm's way to get food. Any attempts at Esteem are short-lived if that person is being physically or psychologically abused (Safety). The drive to become one's best self (Self-Actualization) is thwarted when they have little esteem.

See how that works?

(You speak)

Which level do you think sobriety support groups fall into?

(you speak)

Yes, Love and Belonging. Sobriety focused support groups are fantastic for satisfying this level of Maslow's maze (the herd thing). It will also help satisfy other levels like Esteem and Spirituality (which can be placed in the Self-Actualization level), and maybe even a little of the Safety category if the group members can support them in their escape from abuse. But which is the level that these support group meetings cannot satisfy?

(you speak)

Ding, ding, ding! That's right. The survival essentials can only be fully satisfied by the person themselves. That's if they even know they're supposed to, or how to do it.

Brass tacks. The Belonging to a group doesn't mean much after that person leaves the meeting if their survival brain thinks it's malnourished, or not sleeping right, unable to excrete all the toxins fast enough, dehydrated, and blah blah blah. The survival brain needs the basic survival essentials fully satisfied in order to level up; otherwise, it's all a temporary illusion. For as long as these physiological essentials remain unsatisfied, the Alcoholic will experience cravings for their favorite drug—or a bunch of other unhealthy vices that will compound the issue—because, thus far, that's the only program it knows for getting the reward that would take the place of the real essentials.

While these meetings may help the recoveree feel good temporarily, they can ultimately end up being used like a medication to suppress reoccurring symptoms which are rooted in the levels below. And so, the Alcoholic continues to struggle with cravings and urges despite their participation in the program.

This goes the same for any of the higher levels of the pyramid. The cravings will persistently beat down the door; even if your Alcoholic is financially secure, has solid friendships, a satisfying job, health insurance, a great spouse, and everyone admires and respects them. None of it matters if they have not satisfied the essentials for survival in the proper way.

The cravings will persist regardless of whatever's going on in the rest of the maze, and the sufferer will continually need to take all the things that give them a temporary feel-good fix, like a drug (more, more, more). The things used for the temporary feel-good effect may or may not be for their drug of choice, but whatever it is, it can throw them off balance.

If we (as in, us Alcoholics) already feel well and good, because we're taking care of basic health, and our system is healing and running properly, there isn't much need for all the extra stuff that's often **over-used**. There's no need to keep attending meetings three times per week for the rest of our life because we are getting back to running a system in the fashion it was designed for and not abusing it, bogging it down, and keeping it wanting.

Let's pause because I can tell you're getting sick of me saying it. I'm getting sick of saying it myself. I know I'm beating the piss out of a dead horse here. But what I am doing, and why I'm doing it this way, is for a reason. I'm reverse engineering everything for you. I am giving you as many examples as I can to show that amid all the

complexities surrounding recovery, addiction, and health, it always boils down to the basics. The Simples.

We good? Okay.

There's a flip side to this.

One cannot only take care of their physical health and ignore the obsession. They both must be tackled simultaneously.

Your Alcoholic will most likely resist working with this group—I mean, *really* working with this group. If they're anything like me in the beginning, they will give any excuse imaginable to get you to validate their decision to go a different route. They will show you evidence the program does not work. They will come up with their own regimens. They may start the whole health guru thing: take vitamins, eat clean, meditate, exercise, read books, and ditch of few toxic relationships.

But why would they be avoiding such a praised program that has worked for so many? Do they really believe it won't work, or are they afraid it will?

(you speak)

While in early recovery, one of your Alcoholic's biggest fears is that someday something will work, and they will be sentenced to life without their toxic lover.

Meeting with people who share the same goal is how shit gets done. If everyone in a group has different objectives, if everyone has totally different priorities going on in their lives, then everyone's energy bolts in all different directions and dissolves.

Let's say we have assembled a group of people for a project that needs to be completed by a certain deadline. Maybe it's building a house for our dear ol' Meemaw. Let's also say we are totally dedicated to this job, but two of the crew members aspire to be astronauts, another member is a buddy who's simply paying back a favor he owed, and just for fun, let's say the last two members moonlight as exotic dancers (male or female, your choice).

The astronauts require shorter workdays so they can attend Buzz Lightyear Academy in the early evening. Our buddy can't help on Fridays because that's when he goes snowboarding, but halfway through the project he sprains his groin while attempting a killer triple-McNutt-twister-flip and is now on light duty. The exotic dancers always arrive late, distract the other workers when practicing their

routine on the wooden wall studs, and get glittery oil all over the tools which caused another worker to shoot himself in the foot with the nail gun when it slipped out of hand.

We end up building almost the entire house by our self. It takes way longer than it needs to. We experience much more frustration than is required. After some time, we find all the pieces we missed, all the mistakes we made, and realize we must start all over again because we don't want the house to crash onto Meemaw's head.

Now, what if the team was compiled of seasoned construction workers who have more experience at building houses than we do? This is the type of support group we want for your Alcoholic—Sobriety focused.

It's not the unconditional acceptance or the comradery or the suggested steps outlined in a recovery program that makes the healing process from this insane disease possible and fun. While those components are invaluable to personal growth, they are only but legs beneath a table on which we hold a feast. A feast for the opportunity to do what we are put on this plane to do, what we are all here to do.

After we get past all the hub bub, get past all the material crisis and complaints, it is within this setting we get the chance to extend our arm and grasp another's hand. Help lift them out of hell and put a smile on their face, if only for a moment. Or, at the very least, give them some hope by being a positive example who shows them it can be done. *Regardless of how much sobriety time, the newcomer needs to see what it looks like to be even just a few weeks sober, or even a few days.* This is our true healing, healing of the core, not for the person we're trying to extend our hand towards, but for us, without any drugs. The rest of the program is simply good maintenance.

Whew. Let me wipe this tear away.

Well, that's the big secret. We can stop abusing drugs and get sober any day of the week, but we get to keep our sobriety by helping others stay sober. Whether it sticks for the person we are trying to help or not, it makes no difference, because there's a cosmic law which requires that if we transmit something (like our sobriety and how we keep it) out into the world, it comes back to us in our reality. This is what the ancient wise dudes meant when they said cute things like, "become the source of your desires." Granted, this is assuming the desire is to stay sober.

By the way, the definition of Sober is refraining from overindulging [in anything].

Chapter 6 KERPLUNK

Since we're on the subject of support groups, sobriety programs, and leading into Substance Abuse Treatment, I will start this section with the latter, considering that's where everyone tells their Addict they need to go to get started when their use becomes insane.

First let me ask you, what do you know about it? What do you know about AA, or addiction treatment? Do you know what you are asking them to do? Do you know what the treatment provides? Do you know what they are supposed to do once they're there *and* after they leave? How do you know if they are doing any of it right, or participating at all? What factors should be considered? Can it all be too overwhelming for your Alcoholic? What are the options? How does it work? Most of all, what if your Alcoholic asks you why they should go? What would you say?

If you have no solid answers or know nothing about what you are asking someone to do, you're only discrediting yourself. You are telling them to go get help because you don't know what to do. So then why would they take your recommendation at all? I know it sounds stupid, but that's just how justifications work. And if you happen to be so lucky as to coax them into a treatment, your Alcoholic knows that you don't know jack about it, so it's easy for them to get by with the same manipulations as they had before. *They can make it look like they are doing what they are supposed to, then say they tried and that it didn't work when they slipped. And you wouldn't know the difference.*

Don't worry if you only know a little, or virtually nothing. You're not the only one in the dark, which is the exact reason why I am talking to you about it.

Tangent . . . kinda.

There were two specific instances that put wind in the sails of this book. They are two out of many examples showing how naivety still holds a firm grip on this affliction that affects so many to this day.

I was talking with a woman whose husband was in the hospital. His organs were failing from drinking too much, and this wasn't the first time they had this problem either. They were both middle age, and he had been drinking heavily for quite some time, decades. Plus, he had retired early.

Sometimes the structure of a work schedule is the only thing keeping a heavy drinker's alcoholism at bay.

We got to talking about addiction and health, and when she noticed I knew a little somethin' about the topic and was spitting out new information she had never heard before, she asked for my help. She said her husband had the desire to be sober and that he had been to short-term inpatient treatments repeatedly (we call 'em a spin-dry, ten days), and he tends to be able to stay sober for a few weeks or even couple months afterwards. But when everything seems to be going great, he just relapses. Oh, and he doesn't like meetings. Says they don't work.

I asked her, "What do you know about his addiction?"

I asked her this because she, and her husband, had been attempting to improve his condition for years. They had been to the doctors, emergency rooms, extended hospital stays, and spoken with psychiatrists, physicians, rehab counselors, and some folks at support group meetings as well. One would think with this amount of exposure to this many experts and professionals in the field of addiction and health—not to mention the tens of thousands of dollars and hundreds of hours spent—this woman and her husband would have acquired a decent education about the disease that was literally killing this man.

Her response was . . . nothing. Her mouth opened and nothing came out. I told her to give my contact info to her husband and that he could call me anytime.

I'm sorry, I don't have a happy ending to this story. It was too late. A couple weeks passed, and he was back in the hospital again and died shortly after.

After my conversation with this woman, I remembered my first stint in rehab. I was in my early twenties, went willingly, no big intervention, no court order. I was just sick of what I was doing and called the hospital to reserve a bed. It was the only option I felt I had because nobody around me knew what to do and, remember, "the support group meetings didn't work,"—probably because I had never been to one.

Just so you know, support group programs, like AA, are just like

college. You don't get to just show up when you feel like it, pay little attention, show little interest, accomplish the bare minimum, skip assignments and studies, and expect to pass the course.

Anyway, there was nobody around that knew what to do. There seemed to be nobody around that knew much of anything that would help in any practical fashion. Believe me, I asked. I asked my physician, a counselor, friends, family, and looked it up on the internet. They all told me to either go to these meetings, all the time, or go to treatment.

My first treatment was at St. Joe's hospital. I almost crapped my pants when I first arrived and asked the nurse how long my stay might be. She told me it could be a month or two. Much to my relief at the time, I properly minimized my assessment answers and only received a stay of ten days.

I left the hospital with steady hands, a secondary diagnosis of bipolar disorder, a bottle full of pills, and instructions to go to outpatient treatment (or back to inpatient if I relapsed) and make sure to setup appointments with psych doctors (talk-therapists and pill dealers).

When I got home, my mother asked if it worked, if I was cured.

I gaffed and said, "I guess it's an ongoing thing." We were both disappointed.

Before I begin explaining conventional Western medical addiction treatment, I will say that addiction treatment is probably one of the best, thorough, and natural approaches to healing an ill person the Western medical industry has to offer today. *Healing and fixing are two different things.*

However, they can only do so much, and many of these treatment programs have been *influenced* to lean more towards implementing prescriptions and selective science rather than the most powerful healing tool of all, spirit. It's a great business model because Addicts love drugs and tend to run from anything as scary as ghosts. (But more on all that later.)

Clarification: Technically, anytime someone gets any type of service from a medical professional it's a treatment, even if it's just a Band-Aid. If someone went to the emergency room for alcohol related illness, whatever was done during that short stay is considered treating the Alcoholic. Rehab, or rehabilitation, is the proper term for long-term assisted healing, or treating the alcoholism. But I choose to use the term Treatment loosely simply because the industry does too.

It all starts before the assessment. An assessment is needed to get into treatment, but first your Alcoholic needs to be prompted to get to the assessment. Usually, before someone takes an assessment to get into treatment, something happened: family intervention, legal intervention, God intervention, hospital detox, hospital spin-dry (ten-day stay), county detox . . . something bad happened.

It must be understood that these interventions are generally short and only purposed for stabilization and further instruction. Even the ten-day stay at the hospital is not a treatment for alcoholism, no matter what it's labelled as. These visits are just enough to get your Alcoholic physically and mentally stable enough to walk out the door and not fall over dead, and to tell the patient the next place they can go (which is rehab)—that's it. Your Alcoholic is no closure to sustaining their sobriety once they leave than before they went in. They can, and often do, walk out the door and bee-buzz for the nearest liquor store.

But I will say, this initial means of intervention, whatever gets them to stop for even a couple days, is obviously crucial because they could not stop on their own. Just don't mistake it for any type, form, sort, or fashion of recovery. The only thing it helps stop is your Alcoholic from dying.

If your Alcoholic landed in a medical facility (hospital or county detox), they will be *offered* the next steps. While they are in the hospital, or county detox, they will be offered a fast track into a long-term addiction treatment (rehab). These intervening medical facilities are fully equipped to take care of all the paperwork and phone calls right then and there during your Alcoholic's couple-day visit.

This process is fast tracked because when your Alcoholic ends up in these places it means they are at a higher level of emergency. If they end up in a medical facility for drug related physical problems, it means they were either having severe physical withdrawal or psychiatric symptoms, or they were just so intoxicated they were a danger to themselves and others. Any which way, they were messed up enough need doctors.

Here's the thing. Your Alcoholic doesn't need to accept the offer. It's only an offer. There's a choice. After the doctor comes in the room and tells your Alcoholic how messed-up they are, they're given three choices: do the assessment during their visit and go straight to treatment from there (or at least have everything totally setup if they need to go home and wait a couple days) or go home and make all the phone calls and assessment appointment setting themselves, or just go

home and do nothing.

No matter what your Alcoholic has told you, those are the options they are given. . . every time. But they can say no.

What happens . . . a lot, is your Alcoholic will get everybody's hopes up, including their own. At some point they may go into a hospital or detox center and tell you (and themselves) they are going to follow through. They had enough and want to get better. They are willing to do the whole shebang and complete treatment. Most often, this gesture is sincere . . . before those cravings kick in.

What I (and many others) would say when I got the offer for more help was, "Just let me go home. I'll set it up myself." This avenue is obviously not ideal. Leaving the initiative up to the Addict isn't a good idea. But even worse is the fact that, once they leave the medical facility, they're no longer a priority.

If they just so happen to follow through and get their assessment completed while at home, they now need to wait longer because now they are outside the medical setting and on their own and still walking and talking. They lost their emergency leverage and are now pushed to the bottom of the pile of paperwork, under all those who are still in the medical facilities and getting it all setup from there.

Furthermore, you can't just call the treatment center from home and say, "Okay, I'm ready. I need a bed." They would respond by telling you that, ". . . a Rule 25 assessment is needed to determine eligibility. Make an appointment with an assessor, and after that you can get on the waiting list for a bed, which can be anywhere from a couple days to a couple months out."

If your Alcoholic implores to the person who answered the phone that they are in the middle of a bender and probably won't survive that long, then your Alcoholic will be instructed to go to the emergency room at a hospital, or a detox center, and their case could possibly get expedited.

If your Alcoholic tells the receptionist they are sober that day, then they won't get into treatment anywhere in a reasonable amount of time . . . it's not an emergency, there are plenty of other people in an emergency (but having awesome medical insurance always helps). Even if your Alcoholic tells them how bad their cravings are and that they will most likely restart their drinking bender that evening, they will most likely be instructed to call an assessor: or go ahead and relapse and then go to the hospital. You heard that last part right.

Any delay adds more time to your Alcoholic's idling. And guess

what they are going to want to do while they wait.

So, if your Alcoholic happens to land in an emergency setting, their best bet is to just follow through from the start: detox facility, assessment, and straight to treatment (if they know no other effective means to change their cycles).

Many, like you, who know that their Alcoholic will mostly likely downplay how bad it is to the doctor, or assessor, will wish to speak with these professionals to reveal the truth about their Alcoholic's severity level. The professionals are not dumb. Their job is to get the patient stable, keep them alive and recommend the next steps, that's it. The doctors know full well how bad it is, even without your Alcoholic's honesty, but they can't do much about it if the patient is not willing to undergo the treatment, especially if it's addiction treatment.

This type of treatment isn't like surgery. You can't just knock them out with some gas, take a scalpel and cut out the alcoholism. The treatment requires long term participation and cannot be forced unless it's court ordered, like if your Alcoholic committed a drug related offense. And even in that scenario, the treatment will not work unless the person is willing. (More on treatment population in a little bit.)

Even if you somehow get your Alcoholic committed to a psych ward, they can easily be released on their own recognizance after their seventy-two-hour hold, with the promise that they'll call the assessor the next day—from home.

After being released, from whichever emergency setting they ended up in, and when the process for them to get more help drags on and on, they often lose their willingness to follow through even more, and it's back to square one. I would bet on you having already experienced this.

Chapter 7

THREE BILLY GOATS GRUFF

The assessment your Alcoholic is going to take to get into a medical treatment is long, like two to three hours long. This assessment covers everything, the whole enchilada. It digs into the biological, psychological, and social aspects of the assessee's life. The assessor will also ask how the assessee labels their religious beliefs—I guess to satisfy the spiritual aspect of the health model formula.

Sorry to keep reversing on you, but the health model must be understood before we get into what actually happens during treatments. The following health model template is what Western medical addiction treatment attempts to define when giving this comprehensive assessment.

Health is the state of biological, psychological, social, and spiritual well-being (not the remission of symptoms).

I would call these the four pillars of health, but that would take away from how interconnected they are. These four aspects of Health influence one another, much like a net made of yarn floating in water. If anywhere on the net is pulled, it affects the rest of the net. If it's pulled hard enough, the whole net—and everything caught in the net—goes with it.

Before we get into how they influence each other, let's specify the different aspects a little more, shall we?

The Biological aspect includes the physical body and how it functions: metabolism, body mass index (buff and muscular vs. fatty McFatter pants), blood glucose levels (sugar), eye color, hair color, skin. . . all the colors, foot size, the quality of fuel it runs on (you are what you eat), PH balance (acidity vs. alkalinity, or electroconductivity of body fluid), oxygen levels (breath), stress chemistry, accumulation and excretion of toxins, strength, activity levels, flexibility, immunity, and all other things *body*.

The assessment your Alcoholic will take to enter treatment doesn't even come close to this type of detail, but they try, and that's a step in

the right direction. The problem with Western style treatments and medicine and health insurance (which dictates treatment) is that none of these signs are looked at closely unless it's about to kill the patient. Everything is "good enough" until it's not. (That's called tertiary care.)

The Psychological aspect includes the ethereal world of thoughts: where we put our attention, the images consumed, how information is filtered, knowledge base, education, how we use words, how we interpret our environment (both real and virtual), systems of belief, ignorances, acceptances, and tolerances; ratio of lies to honesty, obedience, intelligence (ability to learn new things), willingness to learn new things (humility), tendencies towards positive or negative outlooks, satisfaction, attachments to memories, and tendencies towards unorthodox consciousness.

The Social aspect is more external. It refers to personal environment, habitat, resources, and the cultural constructs we try our best to function within (in-line, in-order). People, places, and things. The level of safety in our home, neighborhood, workplace; quality of food and water available in our home and nearby stores; access to medical resources. Our paper persona: educational degrees, criminal history, credit score, job title, debts, investment portfolio, size of bank accounts, type of transportation, and so on. Clubs and groups. Social support, like AA. Religious affiliation (different than religious belief, which is also often different than what is actually worshipped with time, money, and attention). Family and friends who we interact with. And . . . you get the picture.

The Spiritual part is different for everyone, but it essentially boils down to our continuous and *conscious* connection and observation of the energies that bind and animate everything in this realm we call Earth. (I got that from a movie, and it's perfect.) Conscious being the key word here.

We are always connected to the Spirit—whether we are aware or care or not. But, when we practice being conscious of it, feel it, adhere to it, and give it a little love and understanding, it signifies a relationship with the energy fields both within and surrounding us. A partnership if you will.

If you didn't like that definition, how about, "a relationship, or partnership, with the design of all things". Or, for the more scientific folks, being fully aware (researching) and considerate (analytical) of the other three categories of health, bio-psycho-social.

Let's take a peek at how these can influence each other.

Let's start with the obvious. If someone drinks heavily, and often, their physical body is bogged down by poison, making it a challenge for the body to process all those toxins (plus the added late-night fast-food tacos). Sleep quality suffers, and therefore, energy and mood suffer as well. At work, they might not appear to be tip-top in their performance, more prone to getting sick and calling in. This may affect their paycheck, or possibly push them further down the list for an upcoming promotion. They can become stuck, complacent in their career and lose satisfaction. In attempts to improve certain needs like Esteem, more time is spent socializing in bars, sometimes with unsavory characters, or not socializing at all and isolating in their home to avoid negative social feedbacks entirely. Naturally, supportive social structures can deteriorate over time, and when life gets rough it hits the heavy drinker emotionally and their only salvation is the bottle. The snake eats its own tail.

Here's another one.

That pretty bitch at work, Becky, was just bragging about the huge house she and her husband just bought in the good part of town. But what you don't know about Becky is that her façade of a perfect life is exhausting (for her). Her husband makes a lot of money, but he's always working, never enough time for her and the kids because he needs to pay for all the things that she tells him they want and need. This bothers Becky, but she cannot let the picture-perfect life go, she worked hard to achieve the things she was told would make her happy. The maintenance of a large house, kids, husband, hairdos, and skinny waist is overwhelming. Beneath her—literally painted on—mask, she suffers from a self-prescribed neurosis. Overtime, her immune system becomes increasingly debilitated, ongoing states of low frequency emotions result in cancer. (Yes, our emotions are just as much of a cause for cancer as smoking and drinking.) The doctors drill into her more fear to sell her their awfully expensive and destructive treatment protocols . . .

Okay, enough about the negative downward spirals. How about a positive upward spiral? What happens when someone chooses just one health area to work on?

Let's say someone decides to work on the quality of their sleep. To do so, they may do a little research and find easy things they can alter in their daily routine to improve rest. Things like turning off the WiFi and reading a book an hour before sleepy time to engage a

mental unwind and not soak in radiation all night; or, refraining from grazing on unhealthy snacks before bed—which also has a secondary gain in the form of weight loss and balanced blood sugar, which also helps with leveling moods (like the anxiety which keeps them up at night). Maybe this person chooses a consistent bedtime seven days a week which results in waking up early, refreshed, and adding an extra hour or two to the responsible, “get’er done”, part of the day . . .

Do you see how these little tweaks one might make to *improve* sleep quality can influence other aspects of health? Just by adjusting these easy daily habits will facilitate better health overall, but I haven’t even touched on what happens when this person *achieves* their goal of proper sleep regularly.

When their sleep does improve, they may receive benefits like lessened anxiety, more energy, strengthened immunity, curbed inflammation, and thus reduced pain; improved memory and attention, and the list goes on.

This is the description of what happens before and after improving just one little and basic health component. But can you see how not addressing something this natural and simple might affect the urge for an Alcoholic to use again as well? Go ahead and look at all the symptoms I just listed. Would an Alcoholic treat any of those with a cocktail? How unhealthy is it, really, to ignore any area of heal(th)?

Keep in mind that the above is how illness should be addressed, and that addiction treatment is the only service I have found in the current, and conventional, Western medical paradigm that kinda-sorta attempts to go this route. In that respect, I give them an A for effort. Unfortunately, what happens is much different.

Back to the processing part of treatment.

The assessment covers a good chunk of bio/psycho/social/spiritual health model, except for the spiritual part, because spirituality is too personal to be billed. The assessor gauges the sufferer’s severity level, readiness for change (because money should not be wasted on those who are not serious) unless it’s a mandatory court order, and the ability to pay. Then the assessor takes everything into account and recommends whether the sufferer should go to outpatient or inpatient treatment.

Those are the two traditional routes—inpatient and outpatient. But they have added a third, and it’s a sneaky bugger, so I will speak on it after I’m done with these two.

Your Alcoholic will most likely minimize the description of their

behavior when taking the assessment. Not necessarily because your Alcoholic wants to lie, it's just a natural human inclination for the ego to curve reality. Additionally, if your Alcoholic is familiar with the two possible outcomes of the assessment, most are more comfortable with the prospect of outpatient treatment because they can at least be home before and after their sessions and sleep in their own bed and eat their own food.

If the assessor determines that your Alcoholic is minimizing, it is assumed they are not ready for change, and more likely assigned to outpatient treatment anyway. If finances will not cover inpatient treatment, outpatient is the next option. Or, if your Alcoholic's income is their family's only means of paying bills and putting food on the table, and it's obvious that inpatient treatment (where they cannot leave) would be detrimental to the sufferer's family, then outpatient it is. People who are on their first or second Driving While Intoxicated offense will often get thrown into this pile as well (as a mandatory court order).

Now you know the gist of how your Alcoholic starts the conventional treatment process. All this is good to know for you and your Alcoholic if it's their first time through the medical treatment process. And what I mean by medical treatment, of any sort, is that is can be paid for by health insurance.

Chapter 8 GET IN WHERE YOU FIT IN

Now it's time to really get a good look at what happens in these treatments. Your Alcoholic will get somewhat of choice, or they can tailor their answers for an assessment to get a desired result. For instance, they can tell their assessor they want, or feel they need, a 12-Step inpatient treatment.

Different places use different modalities. Some are 12-Step based. Some are scientific—pills and psych doctors—based. Some are Jesus based. Some have a Buddhist flavor. They come in many forms.

I want to step in with my opinion right here. I have seen a growing trend with addicts who have been in and out of rehab choosing the scientific route. They want absolutely nothing to do with the spiritual aspects of their being. This is the more comfortable route. This is the route where they get different drugs to help them feel better about their drug problem, and then chat it up with some shrinks. With this route, nothing has changed with your Addict. They are doing what they have always done. Granted, if this is what gets them started, and they later shift to a more authentic means of healing, good. Additionally, the prescription play has somehow weaseled its way into many of the most holistic rehabs out there.

Outpatient treatment is a step-down process. Your Alcoholic would typically attend group sessions at some type of treatment facility or hospital meeting room. Keep in mind, transportation is needed to get them there and back, just in case they lost their license and you volunteered to help them any way you could.

I'm not sure how they're doing it these days, because I am writing this during the first year of what some would call "The Pandemic". Certainly, they are going virtual and distant with outpatient groups and counseling. They wanted to go that direction well before "things got weird" anyway.

I do not support virtual treatment. To me, it's a scam. Your Alcoholic may as well go to local support meetings and listen to

affirming sermons on YouTube if this is the form of “treatment” that’s offered.

It’s a little difficult to detect alcohol on the breath of someone this way, but whatever. And who cares about picking up body language, fidgets, eye contact, gait, posture, and all that? Who cares, as long as they have the ability to pay and they seem to be working on something, right?

The outpatient sessions are about three or four hours long, three or four days per week, for the first two or three months. It’s called “intensive”. Go ahead and read that again. And don’t let your Alcoholic get their hopes up about getting a lower intensity treatment. Everyone gets intensive.

After that, the length of sessions is reduced to about two or three hours per day, and maybe two or three sessions per week, for another six months. Yup, you read that right too.

When that’s done, the session steps down to an hour, once per week, for another month or so.

While your Alcoholic is going through the outpatient program, they are also expected to do homework (worksheets and journals to be presented during group), get to all their medical/psych appointments, attend at least one sobriety program meeting per week, get a sponsor or mentor and work through the steps of their chosen sobriety program, and check-in with their probation officer and get to the impromptu drug testing facility when asked—if that’s the case.

Many in early recovery attempt to accomplish all this while continuing to work their regular job, deal with family, and while resolving any residual legal issues like DUI’s, divorce, and custody battles.

Feel like having a drink yet?

How much time and energy will they have to work on their health?

Let’s talk quickly about what your Alcoholic will do while in session.

During outpatient treatment sessions, at least half of their hours will be spent listening to other group members present their assignments. That’s not a joke, but it sure feels like one when you’re there. The group will check-in and talk about how their week is going. They will make collages and watch some videos here and there. Occasionally, there will be an hour dedicated to addiction education by a counselor or walk-in speaker, and most likely some introductions to other therapies like Cognitive Behavioral Therapy (a fancy—

billable—way of saying, “We are going to set some goals that address your symptoms.”) or, Dialectic Behavioral Therapy (a fancy way of saying let’s try to retrain your reaction to triggers, like, “What are some things, other than drinking, do you think you can do if you lost your job?”). Seriously, there are entire fields of professions dedicated to the basic, “Let’s sit down and take a look at what you’re doing with your life,” treatment.

Yes, that’s the big, conventional treatment, strategy. But I guess, who else is going to do it with them?

And I may as well talk on the function of counselors, since that’s who your Alcoholic will be dealing with the most, professionally.

Many counselors are wise, caring, and intelligent. They are also restricted. They’re restricted in the same way a high school history teacher may want to teach their class the full truth about something like the politics behind a war that doesn’t match what the textbook says, but it’s risky. Maybe the student can figure out the truth in college.

Even if the counselor is privy to what you are learning in *this* book, they can’t necessarily teach it, but they can drop some breadcrumbs and hope your Alcoholic isn’t too shaky to pick them up. The type of information I talk about, and the way I talk about it, is outside of their scope of practice.

What that means is they may know a ton more than their credentials represent, but they are not supposed to speak on it. They are not licensed to practice it. They don’t have permission to combine information from different modalities and draw conclusions. When a health area is outside of a licensed professional’s scope of practice, the professional needs to refer the patient to someone who specializes in that field. And since addiction affects every aspect of health, it’s difficult to get a qualified counselor to put it all together for them.

The counselor cannot teach your Alcoholic about diet, they are not a Nutritionist. The counselor cannot teach your Alcoholic about their identity crisis, they’re not a psychologist. The counselor cannot teach your Alcoholic about how absorbing information from illuminated screens affects their vibrational states, they’re not a physicist or theologist. They can validate a patient’s theory on any of it, but they cannot tell them about it.

What I am trying to give you is an assembly of information from many disciplines. For your Alcoholic to learn what I am teaching you, they would need to meet multiple times with dieticians, psychologists,

sociologists, spiritual gurus, and so on; oh, and be able to ask these “professionals” the right questions.

For a counselor to get into anything deeper than the curriculum assigned, they would need additional degrees. They would need additional certification and the motivation to effectively teach the topics to a bunch of misfits who can’t wait for the bell to ring.

Furthermore, burnout among counselors is high, and the demands of their job are changing drastically; not to mention, they don’t get paid jack diddly for what they are so nobly trying to do in this world. For example, their workload was something like 70% working with the Addicts and 30% paperwork, once upon a time. Now it’s 60% paperwork and 40% working with the Addicts. And back in the day, the majority of people in treatment were sincere about recovery, but now most are using treatment as a means to dodge consequences and to say, “Look, I did something.”

Regardless, teaching your Alcoholic this stuff is not their job. The counselor is mainly responsible for three things: proper paperwork, motivational interviewing, and facilitating groups.

You already know about their paperwork load, and this does include helping with resources like housing, entry into an inpatient program if needed, and some other helpful stuff. This is the reason why, in many States, one only needs to be a qualified social worker to be an addiction counselor. Because that has become their main job, to hook people up with resources.

Motivational interviewing is simply helping your Alcoholic understand they have a problem and tracking if their actions match the goal of trying to solve their addiction dilemma (i.e., doing their assignments). And group facilitation is simply keeping the group focused—not easy, but I already told you what they focus on (assignments).

Enough about outpatient. Let’s get into inpatient addiction treatment.

Once your Alcoholic arrives at an inpatient treatment center, they’ll check-in, fill out a bunch of forms for consent and liability (rights) waiving, and see a nurse to go over health history, medications, withdrawal symptoms, and vitals. They will be given a handbook full of rules, shown around the facility, and given a room.

To keep one of the intern counselors busy, they will likely do another one of those super long assessments within the first few days. Your Alcoholic’s treatment plan is tailored from the assessment

data—the areas of general health where they need the most help in accordance with the services the staff are allowed to provide.

That last part is very important. If someone reports high blood pressure, the treatment is a medication. If sleeplessness is deemed an issue, a medication will be offered as the solution. High anxiety? Medication. And so on. These are the treatments the center is allowed to bill for.

If your Alcoholic is homeless, finding them housing is part of the plan. If they need glasses, an optometrist appointment is part of the plan. If they have a prior mental health diagnosis, getting them some pills is part of the plan. If they don't have a mental health diagnosis, then getting them one is part of the plan. If they don't like participating in support group meetings, getting them to tag along on the weekly trip to an AA meeting is part of the plan. And so on.

Your Alcoholic will be fed daily, mostly hospital quality comfort food, carbs, and sugary snacks a plenty; but with the option to choose the iceberg lettuce salad with shredded cheese that you couldn't melt in a microwave set on high in less than five minutes. (That's a joke for the health nuts out there.)

Their days will have structure. A block schedule of regular group meetings, videos, counselor one-on-ones, medication lines, a talk with a psychiatrist (who will most likely push drugs in their face with the smoothness of a used car salesman), some meditation once per week, homework time, maybe a visiting acupuncturist, maybe some volleyball and a barbeque, and resource management with their counselor who will act as a liaison for things like extending the stay or the next step in housing.

Unless your Alcoholic enters a top-shelf, resort-style treatment center, they will most likely be surrounded by Addicts who have been ordered to be there by the courts. This happens more and more these days. I would guess about ninety percent of the people in a regular treatment center (inpatient and outpatient) are sentenced to be there by the legal system or are completing their treatment preemptive to their court date to get their sentence reduced.

No matter which class of treatment your Alcoholic is sent to, there will be people sneaking in drugs and using them—and not getting kicked out for it. There will be fights because everyone is on edge. Things do get stolen . . . just because. Sexual relations still occur, even with the staff. And friendships will be made, because you can't be stuck in a building for weeks and months and not make a friend or

two. The problem with these friendships is, look at the pool of people to pick friends from.

Before I lose you, or bore you too much, I want to reiterate why I am telling you all this. Ya know how certain establishments, like some governments, kinda take the public's money and tell them they are going to fix something, but it never really gets any better?

Enormous amounts of resources, professional committees, "science", and lip service is paid towards a problem—it may help a few of the Little People out of a jam—but then an industry is built upon that problem, and the problem seems to remain. In fact, without that problem's existence many would be out of a job and funds would go elsewhere. Yeah, we don't want that for your Alcoholic. So, you might as well know what they are up to.

Another, trending, option to help with recovery is called residential treatment. Inpatient treatment is sometimes called residential, but what I am talking about is different. This can be confusing for both you and your Alcoholic, especially if neither of you know how it all works.

This is the sneaky one.

With conventional inpatient treatment, your Alcoholic stays there the whole time, unless they go on a field trip to an outside meeting, picnic, gym, or special doctor's appointment. This is not the case with residential treatment.

Residential treatments were once called halfway houses; meaning, "they are halfway there". Halfway houses were for people who had already undergone intensive treatment, or jail time (correctional rehabilitation), and needed an affordable place to live with ongoing supervision and resources to help them get back on their feet. But things have changed.

Now days, these residential treatments will take even hardcore Addicts fresh-off the street, or fresh out of a two-day stay at a detox center, with no prior intensive type of therapy, and call it addiction therapy. But it most definitely is not the same. They took the halfway house concept and put a nurse (for meds), a visiting therapist, and a counselor or two in there; then slapped the label Residential Addiction Treatment on it.

After checking into the residential facility, the Addict is restricted, stays on the grounds for three to seven days. Then they're allowed to leave if they have something to do and are given a curfew. Here, they are encouraged (required) to be working, looking for work, going to

school, and so forth. They are encouraged to participate in a sobriety program, and there are a few scheduled in-house groups, and that's about it. There is staff present to provide food and other needs. And, of course, easy access to psychiatry and some counseling.

Residential treatment has its purpose. It's a crucial step for many in recovery, but in my opinion, should never be the first, or even close to the first. The problem is that Addicts are running out of places to go. Treatments centers can't keep up with the demand; also, treatment is an option in lieu of jailtime in many cases (and they need to free-up jail space anyway), so they need to be put somewhere.

Notice how I mentioned before that people are going to treatment before their court date to get jail time reduced, and now I just said that treatment is often a replacement for jail time. I'm not saying this is wrong. But imagine how many folks take advantage of this option.

This new option can be deceiving. What I see happening is, a family finally intervenes and somehow gets their Alcoholic to agree to getting some help. The Alcoholic completes their assessment and are offered something labelled Extended Stay Residential Treatment as an option—sometimes the only option—and the title sounds good enough.

However, if the Addict fails to stay sober in this lightweight and loose treatment, or shortly after leaving, and says it doesn't work and that it's a complete joke: everyone finds it highly ineffective and lose more hope.

This can result in more people saying, "We tried that. It didn't work. Nothing is working!" and tend to think all treatments are alike. Or they come to think their Alcoholic just isn't trying hard enough. The Alcoholic learns this as well and can begin to believe they just suck at sobriety and stop trying.

Last, but not least, you got your wet houses. These are basically apartments where the Alcoholic residents can continue to be active drunks. Many drunks die in these houses, but some do get better. Some do get tired of their addiction, and with the encouragement of their lovely staff, eventually get a job and blend back into society . . . some.

Those are some examples of conventional addiction treatments practiced today. There's one more I will get into at the end of this chapter. But before we get to that, let's talk success rates, the main selling point of any treatment facility, if one cares to check.

There are small lies, big lies, and then there are statistics. If you were to look at a prospective treatment center's website you will most

likely find a success rate, like 85%, and possibly some additional babbling about the rate of long-term success, usually defined in 3-to-6-month periods (it's up to you to find if that figure includes time-spent in treatment).

Some may think 3 to 6 months of sobriety is good, and it is, but it's still only the starting line. It's the equivalent to a 400 lbs. person losing 15 lbs. It's the water-weight phase. Almost anyone can white-knuckle-it for a few months, but you probably already knew that.

It's sort of like if you were to visit a Buddhist monastery for a month. While there, you can get deep into your Zen, become one with your nature, and maybe hold onto it for a while after you get home. But eventually, it slips to the side as the gravity of your life pulls you right back to the reasons you went to the monastery in the first place.

The following is how a "successful" completion of a program is determined for an inpatient facility.

As your Alcoholic jumps through all the hoops, the staff begin to check boxes on the Alcoholic's treatment plan. If the Alcoholic's vitals (biological measurements: oxygen levels, blood pressure, blood sugar, liver enzymes, etc.) are within range, they swallowed their medications, got their new pair of glasses, ate enough food to get back to a healthy weight, and report that their physical withdrawal symptoms have diminished and their hands are steady, then the biological requirements are considered to have been met—check.

If (when) your Alcoholic receives a mental disorder diagnosis, lifts their tongue to show the dispenser they have been taking their psych meds, no longer report any "crazy" thoughts, and have spoken with a talk-therapist a few times, then the psychological requirements have been met—check.

If your Alcoholic has job opportunities (or any legal means of income), reasonably safe housing setup for when they leave, promise to check out a few AA meetings and not visit the local crack house, and promise to enroll in and outpatient program, the social requirements have been met—check.

And off they go.

Did you catch that last part, the part about the outpatient program? Yes, after they leave inpatient, they are expected to execute that long outpatient program as well. The requirements for graduating outpatient are basically the same as inpatient.

The treatment company essentially marks down anyone who completes the program as a success: if they didn't get arrested, get

kicked-out, or just plain stop attending. Notice how sobriety, while in the treatment program, has little to do with the success rate.

Staying sober for the duration of the program is not a requirement for successfully graduating the program. If somebody uses while in the program, the staff claim the situation to be an opportunity to formally address the behavior in a controlled environment and determine what can be done to alter it.

This sounds like a reasonable approach, in theory. Do you think it's okay for someone to slip while residing in treatment and not get kicked out?

(you speak)

If someone is unable stay sober while in an inpatient treatment, then get them the hell out and make room for someone who's sincere about their recovery. If an inpatient recovery program allows drug use, it not only affects the other residents, but shows that the company only wants to pump their numbers. But that's just my opinion.

Outpatient is a gray area because it can become so consuming and overwhelming when life responsibilities and stressors are added on top of recovery that the whole thing can become one big trigger. But if your Alcoholic can make it through that stressful period, it's just one more piece of evidence that they can resist the never-ending urges caused by the unnecessary stress.

I know that sounds cold hearted. But trust me, the people who use drugs during inpatient treatment are not the ones participating in the program (and it's generally the same in outpatient). They are not the ones sharing in groups, attending voluntary AA meetings, doing their assignments, or anything else. In every treatment I have ever been to, which is more than a few, I have seen people skate through almost their entire program, causing trouble, distracting other recoverees, and making the staff's job a living hell; only to *all of a sudden* have a "heart to heart" with their counselor the very last week of their stay: then do an assignment or two, slightly adjust their attitude, get marked down as "made progress", and graduate as a success. It's all about the numbers, it's just how it is.

Now for long-term success rates.

These can be determined a few different ways. For long term success rates of an inpatient program, the recorded completion of the following outpatient program, or residential treatment, is one point of data collection. But still no need to be sober the whole time.

Keep in mind, sobriety is not a requirement. I once knew a guy

who completed inpatient and residential treatment, got a job as a cook at the same residential treatment house and lived there while drunk for three months. I don't know for certain, but I can almost guess that he was still marked down as a successful completion of the program because he completed the program. Whatever happened after, happened after the number was recorded.

Anyway.

Another way they track "success" is with a phone call from the patient's insurance company a couple months down the road.

"Hello, just calling to check-in and see if you need anything (like more treatments)."

Patient says, "Nope, I'm doing great."

Insurance caller, "Okay, have a nice day." Success!

The third way is the company knows it wasn't a success if the sufferer returns to that same company within six months after graduating. But you can bet your bottom dollar that if the sufferer returns a year later, and "completes" the program, that person will be marked as two successes. Yes, they can mark someone down as a success twice.

Now you have a good picture of what conventional addiction treatment looks like.

How do you feel about it now?

(you speak)

If you have been paying attention, you can now see that your assumed definition of what a successful treatment looks like, versus how the industry calculates a successful treatment, can be two entirely different ideals. Doing some jail time and being on probation afterwards can give the same success rates.

Unfortunately, whenever there's large amounts of money involved, information given by the entities providing or selling the product or service can get a little willie wonky.

I'm not trying to deter you from recommending these avenues to your Alcoholic. I'm simply giving you the full scoop.

However, even after a sufferer completes all this "treatment" and has executed everything they had been told to do, your Alcoholic will most likely still not have the slightest clue about what they are addicted to and what they are really craving; they will most likely not be taught what you have learned in the first two chapters of this book. A few enlightening breadcrumbs may have been dropped during their stay, then it's left to your Alcoholic to notice them and be motivated

enough to investigate further. But chances are, they will literally leave their program with the same understandings about their addiction as when they entered, with the exception of an additional word added to their vocabulary (like “neurotransmitter”); sort of like when you pick a child up from school and asked what they had learned that day. . . You can probably fill in the answer.

Now you know why I flip-flopped back and forth earlier about defining what health looks like, and what treatment provides—so you can compare. In a true sobriety program for healing, exercise would be just as important as the meds line; diet as strict as group attendance; spiritual teachings as important as assignments, and the authentic willingness of the participants who make up the social environment being more important than who can get funded or court ordered.

Ultimately the programs help to get your Alcoholic stable enough to walk out the revolving door. I say it’s a revolving door because even the “experts” expect them to go back. And I’m sure at this point you are not wondering why.

I’ll end this section on a decent note. I know I trash talk, but I certainly wouldn’t be here without inpatient and residential treatment. It did provide me with some time and space to explore my dilemma and mitigate some mistakes. They are a good start, a great way to get back on one’s feet. These treatments are best suited for taking the Addict out of their using environment, get them a little sober time, arrange some needed resources, and provide a juxtaposition for the Addict’s life—if they so choose.

What treatment is good for, like all Western medical treatment, is addressing the symptoms. The need for housing is a symptom. The need for blood pressure medication is a symptom. Anxiety is a symptom. Lack of social support is a symptom. The inability to cope with stress is a symptom . . . But simply because a homeless person is given a house does not mean they changed what made them homeless. Just because you give someone blood pressure medication does not mean it’s causes are resolved. Just because a plethora of drugs exist to help numb anxiety does not mean it’s the best way to manage it. Just because you place someone in a stress-free environment does not mean they won’t create more.

But wait, there’s one more.

There is a free, tried-and-true treatment for Alcoholics that has been used for well over a half-century. It’s called the 90 in 90. Ninety AA meetings in ninety days. I will not go into detail about this, but I

will say that if your Alcoholic can eat and drink decent food and water, keep clear of unnecessary stresses, and pull off a 90 in 90, they will have a better chance at retaining their sobriety than if they spent a year in one of fanciest of rehab centers.

I would like to add that AA is not the only social/spiritual support group program out there. It's just the biggest, most convenient, and established one.

Chapter 9 TWO PEAS IN A POD

While you might be figuring out that addiction is less about the drug itself and more about why the person is using the drug, it does not mean more drugs won't be pushed in your Alcoholic's face by different peddlers.

Psychiatrically medicating is a controversial subject in the fields of addiction treatment. I'm not sure why there's any debate on the matter. It's straight forward enough. But let's talk about it.

Some say mental health drugs are dangerous. Some say they're a game changer. Some say they do nothing. It all depends on the individual's belief, right? Belief is the key. And yes, belief in science, without understanding, is a type of religion—it requires a lot of faith. Don't be that person who believes whole-heartedly in something, like a holy book, but never read it or only skimmed through its complexities once twenty years ago.

Before I turn on the jet-bubbles in this Belief jacuzzi, let's just look at what these drugs are intended to do. NO, not the confusing and useless jargon about neurotransmitters. What I'm talking about is the drug's literal purpose. Symptom relief.

Let me ask you, symptoms of what?

(you speak)

Here's another spot where I veer off and loop back around.

I'm sure you remember, at some point, hearing someone say that an Alcoholic's maturity had been stunted. If you didn't, now you did. This statement is totally true. Please, tell me what it means when someone says an Alcoholic's maturity had been stunted.

(you speak)

It's a big deal, and it's something everyone should know regarding themselves. But we're not talking about "themselves", so I'll stick with the Alcoholic.

This maturity dilemma is the meat and potatoes of sustained sobriety. Sustained sobriety means staying sober for years via

emotional maturation, which I will define as the ability, or skill, to cope with life naturally.

Anyone can stop drinking. Anyone can be forced to quit temporarily. It happens all the time. Your Alcoholic has most likely given it a shot or two on their own (there was like 3 puns in that one), only to learn that it's not working no matter how much they *want* it to.

So, even when they get past the first few weeks or months of being dry, they can't handle the discomfort of general daily-life stressors, and other baggage they may still be carrying, because the stresses were always easily managed with another swig of the magic potion. They had yet to learn a new Way.

Many functional Alcoholics deny they have a problem. Look right through them. It's not that they don't know they are an Alcoholic, or that they think they are not. Everyone who drinks too much knows it. When they deny they have a problem, they are only denying that what they use to solve all their problems is the problem, and that they don't know any other way to manage life. Unfortunately, I can't tell you how to get them to admit it in one sentence, but soon you will have all the weapons you'll need.

The growth and strengthening of their psychic immunity, or emotional intelligence, stopped when they began to abuse the drug, because of what the drug was used for—to manage emotions, mainly fear, the biggest symptom of them all. Now, after years of relying on their emotional crutch for everything, and suddenly stopping, they're stuck dealing with adult level stuff, but with a much younger emotional intelligence.

That's the kicker nobody sees. The Addict is still stuck at the age when they began using it for life stuff: socializing, traumas (known and unknown), fear, pushing through stress, inducing excitement, boredom, dealing with inferiority, let downs, breakups, all that stuff.

Let's say someone turns full boozehound at age sixteen and gets through life relatively successfully while abusing their drug of choice; but, for some reason or another, they need to quit when they turn thirty-five. Well, now they need to manage the stresses of an adult: wife, dog, children, home, car repairs, bills, taxes, career, debt, and wonky-ass family members to name a few.

They didn't have this stress-load or responsibility when they started, but now they need to cope with it all sober, both mentally and physically. Years of accumulated responsibilities and consequences need to somehow be managed with the emotional skill level of a

sixteen-year-old.

I'm going to add something to that list. People don't quit drinking when things are going good. So, on top of all the daily stresses one might normally think of, your Alcoholic's life is generally in shambles. Which, in my opinion is the perfect crash course for catching up on their lessons—if properly taught. Which includes trying not to add unnecessary loads to the already existing Mountain of Messed-Up. Unfortunately, many are misled to believe the best solution to their problems is more of *something*.

The lack of the Alcoholic's psychic immunity is why it's so difficult for the Alcoholic to stay quit. The smallest things become overwhelming because there's an overwhelming number of small things to manage, and they just never learned how to deal with the perceived threats/stress/challenges; and until they do, they are only left with the best quick fixes they have learned so far or offered by the industries they had been conditioned to trust.

All this stress causes symptoms. But keep in mind, most people view the symptoms as the problem. Get rid of the symptom and there's no problem, right? What if symptoms were viewed more as an indicator of the problem? A check-engine light. And what happens when you ignore the check-engine light in your car?

(you speak)

That's right. Everything attached the broken part takes on the wear, or the car just breaks down altogether. Usually both.

Let's talk about conventional Western medical therapies, the ones health insurance will cover.

Doctors can be . . . an interesting group of professionals. Unless it's an emergency, they seem to only be of much help when the patient already knows a lot about what is going on with their health. Be careful. But how does one "be careful" when they have no clue as to what's going on?

It's helpful to recognize that most Western medical doctors are trained to do two things: diagnose the patient with a *billable disorder*—according to the signs they can find, and symptoms the patient can articulate—and prescribe a Food and Drug Administration approved *medicine* or treatment. Oh, and occasionally they recommend eating more fruits and veggies and less carbs.

The FDA doesn't necessarily have the best track record for passing the healthiest foods, chemicals, and drugs onto the population for mass consumption. *I hope this isn't a surprise to you.* All the top deadliest,

toxic, addictive, legal ingestible killers in the U.S. have the seal of approval from this enterprise; not to mention, they receive damn near all their funds from the same industries they are supposed to be regulating. (Nothing wrong with that setup.) And don't get me started on the correlation between poor quality Food, unnecessary medicines, well-being, and the need for Drugs later in life as a direct result of these toxic substances freely marketed to everyone.

There are no legal standards saying any medical treatments must be successful. There are no legal standards saying the treatments must be the healthiest, safest, or most effective options for healing.

This might be why providers ask patients to sign an Informed Consent (rights waiving) contract stating that they understand ALL the risks (which the patient and doctor will not always be told about) and had the cognitive capability to weigh whatever little information the doctor divulged about those risks against the (sometimes misleading) benefits, often given in the language of statistics (which we just went over). *Oh, and good luck in court suing a pharmaceutical company for anything if their product caused any damages.*

It's not entirely the doctor's fault. They are extremely limited in what they can do. Their expertise is compartmentalized, meaning they cannot speak much on how the pillars of health intertwine. Their legal scope-of-practice is very exclusive due to their training, liabilities, capitalistic trickles, and the lack of patients who are willing to self-adjust their lifestyle. (That last one being the most important.)

In other words, many doctors understand much better healing paths for their patients, but often fall to their knees before the industry's trending paradigm. They've simply worked too hard and too long to get where they are to bother. This is a generalization, of course.

Mental health/substance abuse disorder treatment in modern, Western medical practice can look something like this: "From what you have told me, it appears you may have a chemical imbalance in your brain (*there is zero solid science backing this theory, but I have been told there was by those who would like for me to push their products*) and I have these pills which might assist in bringing it closer to balance and make you feel better. Just don't abruptly stop taking them (*because your brain will always be fighting to rebalance while you're on them, as it was before, and cessation will cause cravings and some other really nasty effects I don't care to get into right now*) . . . Just keep taking them until it kinda looks like things are getting

better.

In conjunction with these high-powered psychotropic drugs, which the FDA claims are totally safe for you (*meaning the pills didn't damage too many people within the very limited clinical trial period before the FDA approved them*), I also advise you to make appointments with a talk therapist to work on how to better manage your emotional issues without relying on drugs (*unless you get them from us*)."

They insinuate the patient was born with a chemical imbalance in their brain and that, "this imbalance **may** have contributed to the addiction, or the other way around, but who knows." They misconstrue the word "chronic", hinting that this word means the patient will likely have the disorder indefinitely (*which current studies confirm as correct, if they continue to comply with the medical industry's neuro-toxic therapies*), and that they had better listen to the "experts", or they may experience their **brokenness** their entire life.

How scary is that? Talk about working with what you don't have.

At least the conventional medical paradigm understands that most maladaptive behaviors and decisions stem from emotions; including falling for their ridiculous, universal, one-size-fits-all, guesswork, unnatural treatments.

Interestingly, the emotional center of our brain (limbic system) sits dead center between Scaredy Cat and Mr. Potato Head. The only thing standing between a survival trigger and a good or bad decision is the emotional center—and the lack of proper information I might add.

The problem with an Addict repeatedly ingesting psychotropic medications is that now your Alcoholic is taking new (pharmaceutical) drugs to help with their emotional malfunctions.

Does that remedy sound familiar?

(you speak)

Let me clear it up. When your Alcoholic was drinking, they were relying on a drug to manage their emotional landscape. When they sober up, they are offered a drug to help them manage their emotional landscape.

How can your Alcoholic work on a problem, which their feelings and mood symptoms were trying to alert them to, when those symptoms are being suppressed and manipulated by drugs? Isn't that exactly what they were already doing? Weren't they already sitting at the bar with their glass full of medication, venting to their drinking buddies about all their problems and worries, searching for validation

and possibly a different perspective about their situation? Maybe it's time for an entirely new approach!

Look, meds can change brain chemistry, as does eating three bags of candy per week, divorce, regular consumption of horror movies and News (terror) broadcasts, isolation, laughing, pop-up expenses, exercise, vitamins, punching a wall, over-thinking, or habitual attitudes towards anything. Try stepping on a gosh darn Lego with your bare foot and tell me whether it's affecting your mood and brain chemistry!

My point is, there are thousands of ways to alter brain chemistry. Using drugs is now an outdated and ineffective approach for your Alcoholic. Your Alcoholic already tried that!

Here is my disclaimer.

Some pills are sometimes necessary to get the healing ball rolling when an individual's thoughts and energies are way too far out of **control** (the acute stage), like if someone becomes suicidal, a danger to themselves and others, or are stuck in a destructive cycle. This type of treatment is intended for emergencies, very short-term treatment of acute symptoms, which is the style of medicine the Western paradigm excels at.

However, these pills are often prescribed far past the emergency stage.

In theory, these longer-term pharmaceutical treatments can *help* (somewhat), in the first year or two. But this is assuming the diagnosis was accurate. I say this because there are far too many cases where someone will describe symptoms of some level of mental illness, receive a treatment, develop adverse effects from that treatment, given another diagnosis and offered more pills, and so on, and so on.

In a perfect world, if the patient is properly diagnosed, is aware of and executes all the changes they need to make in their life within the first year, they can then ween off the prescribed drug(s) with supervision to avoid severe withdrawal from the psychiatric pharmaceutical (which is still a mood altering substance that causes dependence and withdrawal), and then spend the next month or two letting their brain chemistry rebalance on its own accord like it had been trying to do the whole time.

Huh?

Let's skip back a tic and talk about that word, **control**.

If we research these little “wonder drugs—which are sold to us with the lure of convenience, availability, and the life-long

brainwashed trust to believe any person wearing a white lab coat and a tie—we find an interesting little fact.

Most of, if not all the benefits perceived to be received from these mental health drugs are the result of the Placebo Effect, or sorcery (unless administered in high doses, which just means they're high). *To find out what I mean by sorcery just look up the etymology of the word pharmacy, pharmakeia. Medicine and magic are old practices, only the names changed.*

The highly credible studies describing these phenomena between Placebo Effect and medications and treatments (of all sorts), have been buried deeply by the industries who profit from the people who are (or believe they are) sick.

Sensical health has been hidden from mainstream information systems, thus the commoner as well, and for good business-model reasons. But this information is not hard to find if one chooses to look. But we were told we didn't need to look because the scientists hired by these industries who profit "have our back", and that *they* can interpret these complicated notions for us.

Supportive, sometimes fabricated, evidence for the benefits of legally manufactured drugs is a great example of this. Just in case you didn't know, scientific studies on groups of people are not necessarily scientific anymore. The part which sounds scientific, where they assemble a group to undergo a study, is only one step in the process. The participants are typically not cherry-picked (except the fact that they obviously trust the medical industry enough to be tested on), but the variables used in the equation to generate a result can be.

What I mean by this is, the data is real (for the most part), but the results are mathematically generated, and then conclusions of success can be reported as a possible prediction—or not. The conclusion can be bent. The data is put into a computer-generated software model. This software does its algorithmic-math-thing and spits out a *possible* number. Change the variables and the number changes.

There have indeed been whistleblowers who've conducted these pharmaceutical studies warning that when they go to their supervisor with undesirable results, for which the drug is going to be marketed for, the supervisor just says, "try this software instead."

Don't think that they don't.

We've all heard the phrase Placebo Effect before but had never been taught its power. But let's not take any alternative (non-mainstream) informational source's word for it, we can look right at

the studies and claims given by the drug companies themselves (in the fine print). They often describe that medications prescribed for mental illness generally works 3-7% better than Placebo. “See, it helps,” they say. And it does. It helps a whopping 3-7%. Sometimes you can find a benefit up to 15-17% if you’re lucky. But remember, variables.

This is their own research—scientific studies performed and funded, in one way or another, by the manufacturers and distributors of the product. Even if these studies are accurate, those rates give us a big fat BARELY on the effectiveness scale. *Compare that to the effectiveness of alcohol.*

What these numbers tell us is that if someone (somehow) becomes 100% better **while** (not after) taking the prescribed drugs, on average, about 90% of the benefits are accredited to hoodoo witchcraft, positive thinking, or prayer; and about 10% of the progress was due to the drug’s chemical reactions in the body, while ignoring any additional problems from side-effects (*and the withdrawals undergone when ceasing the prolonged use of the neurotoxic medication as the brain recalibrates like it was supposed to do naturally in the first place . . . but I digress*).

They find this effectiveness percentage by giving a pool of test subjects a sugar pill (*placebo, fake medicine*) or the real drug. The subjects don’t know which one they received. Then the scientists “observe” (*usually with a simple questionnaire, not with some fancy machine that measure brain chemistry because they don’t exist*) to see if the drug relieves more **symptoms** in the test subjects who swallowed the real pill verses the people who took the fake pill.

The sugar pill group is often called a **control** group (placebo group), and the benefits they receive are all psychosomatic (*affected by mind power derived from belief*).

In these studies of mental health drugs, the spellbound benefits of taking the fake drug are recorded as slightly less than the testers taking the real drug. The sugar pill works too! Not only does it work, but the fake medicine works just a tiny fraction less than the real drug. It works darn near just as well as the real deal, according to their own studies.

Oddly enough, the placebo group often show side-effects to the sugar pill as well, especially when it’s suggested they may experience certain ones, because they already know that drugs come with side effects and their body reacts to the belief (bodymind, one word).

It’s no different than what happens to some young folks when they

unknowingly drink a non-alcoholic beverage that they thought was real. Everyone thinks the Newby is stupid and faking it. But no, they really did feel funny. Or, when someone who has been looking forward to an alcoholic beverage feels instant relief upon the first sip, before the alcohol has even reached the bloodstream.

What this means is that most people could probably get the same results with a little better sleep, a dietary tweak, and a little more exercise—if they carry the belief that they’re doing the right things to make them better. But keep in mind, it works the other way too. Like when a certain someone wants to say a certain program doesn’t work for them.

By the way, science has proven a hundred times over that the natural approach is far more effective than any pill when dealing with mental illness, probably because the person is getting closer to living a Natural Way and not throwing more drugs at it.

This is common knowledge within intelligent circles, but it’s also common knowledge that it’s easier to get people to swallow some drugs twice a day than get them to eat salads and do some yoga routinely.

Other studies have shown that the effectiveness of the placebo changes with the shape and color of the fake pill. It works well with an average, aspirin size, white placebo pill. Even better with a larger placebo pill. Better yet with a colored placebo pill. Better than that when the pill is in capsule form. And when the placebo is delivered via injection, the rate of symptom reduction rockets past all.

These studies also found that customer service, and the verbally prescribed outlook of the treatment (prognosis) from the person in the white coat, drastically affects the effectiveness of the fake treatment—good or bad. The subject can be told which way it will go, and that’s the way it most likely goes, *depending on the stubbornness level of the patient.*

In this matter, Placebo Effect means that most of the benefits received from a medicine are a direct result from the *belief* that it works. But it’s not simply belief in a pill, it’s the whole process, the theatre of it all. It’s the trust in the industry, not the product, nor the product’s effectiveness. “If that pill doesn’t work, come back and you can try a different one.”

It’s the magical medical mantras we remember from childhood, the scholarly degrees, the professionalism, stethoscope, white coat, tie, and nice shoes; the paperwork, magnificent building, science-talk

few can interpret; the symbolism no one seems to understand like the caduceus; neat instruments and machines that light-up and bleep, or maybe a bookshelf in the background. These are what detail the perception. The perception influences the thought. And the thought says this is what fixes me, not knowing it's the thought itself that does most of the fixing.

It's a beacon to how powerful thought is. But who cares about that? Most of us have been well trained to buy and consume things to make us feel better our entire life. Taking a newer, "safer" drug seems like the right thing to do because we had been told to do it by every idiot walking the streets, and by "the experts" for so long. We had been told it's what we are *supposed* to do—that it's the next best thing.

And if we believe in the drug (or the person giving us the drug), as we always had, as we'd been conditioned to do since birth, we think it will cure our woes and discomfort in the exact same way as when someone buys a new car (to feel good), a largely overpriced house (trophy), an awesome vacuum cleaner, or when we were a kid and begged our mommy for those light-up shoes to make us run faster. *I swear to this day, I ran a little faster.*

Everybody-and-their-commercials pushed the idea of improvement-through-a-product in our face a million times per year. They all said it would make us a better person, ease our duties, make us look cool and trendy, and that the purchase would make us feel good. They sold us an image, a fantasy, a feeling. And feelings are very temporary. Nevertheless, this tactic is great for sales and repeat customers *when the spell wears off.*

Amid all these microwave-dinner remedies, the point of healing the *source* of these signs and symptoms for "mental illness" is overlooked, because it's all that most people notice: the top layer, the signs and symptoms, the discomforts—and half the time they're trying to look away from those at all costs, and the distractions used to do so cost greatly.

The real problems are rarely peeked at. The belief that putting a piece of tape over the check engine light on the dashboard would fix the oil leak leads to the approach of turning up the stereo to drown out all the knocking and rattling of the engine. And this only works for so long (or is presumed to work).

In other words, your Alcoholic gets to take another drug to feel better and change little else to rid the problem that's causing the symptoms. It's the easy way out. Everyone likes the easy way out.

A soft example of this would be if someone has a job working on a computer at a desk for 40 hours per week. Over time, they may begin to experience frequent headaches. Are the headaches the problem, or are the headaches a symptom of the problem?

There are many ways to solve this. The person could routinely stretch, get some massages, maybe go for walks during lunch break, get a screen filter for their monitor, wear fluorescent lighting sunglasses, change postural habits, improve breathing habits, stay hydrated, stop eating hotdogs at the gas station across the street . . . there's even the option of changing jobs altogether.

Another fix is to start taking pain relievers because who the hell wants to change anything in the routine that gets them through the day with the least inconvenience or discomfort? Everyone likes the easy way out. The funny thing is, rarely do people want to make an adjustment in their routines for more than a week, yet still find the increasing (indicating) headaches quite uncomfortable.

Here is the sorcery. "Oh, something in your life is giving you unwanted symptoms. You can take this potion and continue doing what gave you the symptoms. Don't worry if the root of your problem manifests in other ways, or additional symptoms come about from this potion I want to sell you. We have plenty of potions. See you again soon."

Ironically, the Father of Medicine himself said, "Before you heal someone, first ask him if he's willing to give up the things that made him sick."

I would like to add, "But first he needs to know what's making him sick."

Whether it was intentional or not, the prescribed drugs often become the Enabler, allowing the sufferer to continue with their life in the same ways as before. Allowing the sufferer to continue with the same job, same spending habits, same screen time, same relationship dynamics, same diet, same attitudes, and blah blah blah.

What can happen with these mental health drugs is nothing needs to change—except to take two pills a day—until the same factors which led to the drug-abuse in the first place catch up again and snap the belief-crutch of the new drug in half and smacking face to curb because the emotional motivation to adjust internal and external habits had been subverted. The pills became the new sparkly piece of fancy tape that masked the check engine light.

Placebo Effect means that something, like a medication, works

simply because the patient believes it does. Think about that. The medication worked merely because someone told the patient it would, and they believed them. How powerful is belief, and who is controlling that belief through suggestion?

But wait, what happens when it's the other way around?

What do you think your Alcoholic believes about how hard, and long, and complicated recovery is?

(you speak)

Yeah, that it's hard, and long, and complicated. But who told them that? Where did that belief come from? I can assure you it wasn't said by a veteran recoveree. Well . . . the veteran recoveree might agree it was hard when they went through it but also agree that, in hindsight, it didn't need to be.

But what exactly is long, hard, and complicated? It isn't getting off the drug. You just stop using the drug and wait out the weeks' worth of withdrawals and intense cravings. Simple, and relatively short. Hard? Mmm . . . yeah. But it's still the easy part.

Is having the perception of dealing with life—without a drug—long, hard, and complicated? I mean, is life long and hard and complicated?

(you speak)

The first hurdle your Alcoholic must jump before they even want to seriously try living sober is the belief that it's hard. Getting off the drug is easy. It's the belief that life is too hard to manage without the assistance of the devil's spirits that's a challenge to overcome. We all fall into this trap. It's the refinement process for our soul and what this realm we inhabit was designed for. *One cannot learn the teachings of their savior without first passing the devil's tests.*

As we all have heard, a certain angel fell to this realm and runs the show. And that's exactly what it all is, a show. It's well-orchestrated, scripted, and presented to the people as their reality. But most of it is still just a show. Anyone can easily operate within the charade and not have it affect their emotions when they understand how it works. You can find out more about this in the book *Simply Sober Workshop*.

The belief that a sober life is more long, hard, and complicated than a drunk one is simply your Alcoholic taking their role in the screenplay a little too seriously.

Nevertheless, ask anyone who hasn't gotten the jist of sobriety yet, and they will tell you about how hard it is. Then, in the other hand, you can ask anyone who has been living sober for a while and they

will tell you it's easier than when they used a drug to get by.

Let's rewind back to what drugs are for. Symptoms.

Symptoms are not bad. They are there for a reason. Everyone wants to get rid of the annoying symptoms thinking these symptoms are the problem when they are simply indicators of the problem. While you can get rid of the symptoms with a drug, the problem remains.

This is the reason why some of the listed side effects of a psychiatric med for something like depression (for example) are feelings of sadness, lack of energy, and suicidal ideation. *And it's not much different with any other psychotropic drug.* Why would someone on happy pills still want to kill themselves?

(you speak)

The premise, or theory, behind the pill is to reduce the risk of suicide by knocking out the indicator, which the pills can somewhat do, but there are things it doesn't do as well. For instance, some meds can prevent the symptoms of feeling bad, but it can't prevent the emotion or thought patterns that led to the symptom of feeling bad. So, you better pray to whichever god you worship that the pill keeps working for a long time, because the second they don't, your problem is right there waiting, and it's been doing push-ups the whole time. Got it?

My disclaimer here is, in some extreme circumstances, psychiatric meds can help a really messed up person regain some semblance of sanity. Once again, the emergency phase. The emergency phase should not last for years, or even over a month for that matter (in my opinion). But the fact remains that many doctors are prescribing these drug as if they were a dealer wearing a glow in the dark necklace at a rave party—everyone can have some, especially if everyone is asking for them.

The theory is to dull the bad feelings, to prevent the patient from manipulating the emotion they are suffering from manually/chemically, while they talk about their thoughts with a psychologist. The intrusive thoughts remain, but they're numb to it—for a while.

So, let's talk about psychotherapy. These guys and gals stopped liking the use of the word "psycho" and prefer talk-therapy now . . . sounds better.

As I tried to point out before, psychotherapy is different than counseling. A counselor really is not supposed to do any psychotherapy—it's above their paygrade and outside their scope-of-

practice.

Talk-therapy with a professional can be a fantastic tool. I have great respect for these therapists. I don't care how much of a positive and happy-go-lucky person you think you are, we can all use some Real talk. But I also believe psychotherapy has become more a soft practice in response to the ever-growing fragility of the patients in this era; that, and the demand for fantastic customer service—the preempt for repeat customers.

It would be much more effective if we were a ninjutsu student training high-up on some mountaintop in Japan where the student obeyed every command from the Master without question while we bloodied our knees on a bamboo tree. But obviously, conventional talk-therapy does not use this method.

The new patient is considered “vulnerable”, a victim of their diseases. To acquire the participation of the patient, the therapist must “meet them where they're at” or work on whatever the patient is comfortable working on. They must constantly assess the patient's readiness levels—but have we ever met a recently practicing Addict who's ready to make any changes for more than a day? But that's okay, they can talk about their procrastination next week.

If the guy with the fancy papers hanging on the wall isn't super nice and considerate of the patient's triggers, the patient might get too uncomfortable and stop attending sessions. The therapist needs to push the patient's comfort zones of introspection gently; until one day, the patient has some shifts in their perceptions about the roots of their problems and *consider* taking some action to change them.

Over time, the therapist may be able to push harder and faster, and eventually get the patient to realize they are indeed powerful enough to manifest a healthy life. It's a race between psychological progress (turtle), and the Addict passing-out face-down in a closet with urine trickling down the leg of their jeans (rabbit).

Imagine a movie where a prince receives fight training in the palace. The finest experts in technique and method are brought to the palace to train the young prince, but the young prince never gets hit. If that prince gets into a real fight, and gets punched, how well do you think he will do? Now, put that prince into training lessons at a boxing gym in the hood. Then put him in a real fight and see how he does.

That was the nice version.

In early recovery from addiction, talk-therapy as it's generally executed today in the first couple months, is the same as training

someone in the fine art of sweater knitting and then sending them out to fight a hoard of Vikings in the battlefield. We can stay nice and warm and cozy with that sweater, but the Addict will most likely not last long in the early fight. But that's just my opinion, and it doesn't apply to every single therapist.

But let's contrast conventional medical therapies with AA. When an Alcohol approaches a potential sponsor in AA, that sponsor might ask them a question, "What are you willing to change?"

If the Alcoholic who seeks a sponsor does not answer with something like, "Anything." They might not get a sponsor that day. Interesting, isn't it?

Once again, I'm not trying to bash talk-therapy practices, or any practices at all, or give the impression they don't work or help. They all have their place. Talking with people about your Self is one of the most effective routes for healing. Your Alcoholic may not have the right people in their life to do this with at the exact time they're needed, so a professional might be perceived as the only, or best option at the time.

This is often seen as the more comfortable route; ironically, it's the comfortable route to learning how to cope with discomfort. The patient will most likely never have to see the therapist on the street. There's patient-confidentiality. They only need to share the air of their dirty secrets with one person: minimal engagement with strangers, no need to shake more than one hand, no need to remember multiple names. A nice little box, a compartment where they can visit their demons once a week and pretend to lock the cage when they leave the office.

But what an Addict can end up finding is they go to the first and second professional talk-therapy sessions and they feel great when they leave, because they talked to someone who listened no matter what they said. These first few sessions are only the introductions, not even working on anything of importance yet. Then they get to the third session and say, "Meh, it went okay." When, or if, they get through the fourth and fifth sessions it somehow becomes, "Whatever."

This sometimes happens because talking with a professional is a very inorganic style of interaction in the sense that your Alcoholic needs to make an appointment; travel to an office building; wait in the lobby as the previous patient leaves with a crumpled tissue in-hand; sit in a small room and talk to a person who they know nothing about, who is getting paid to listen and who is most likely not going through

the same process as they are at that time; then asked to quickly schedule another appointment on their way out the door.

This can lose its zest relatively fast. It can easily become just another thing they need to do, especially if the treatment is not outrunning the escalating cravings from the pressures of dealing with the overwhelming rebuild of life structures: work, school, relationships, homelife, and yahda yahda yahda. Or, worse yet, dealing with the old life structures and not having changed anything.

The following will sound like I'm repeating, but there is an alternate point to my point. Kinda of where it all comes together.

Let's say your Alcoholic dove in feet first and did it all, they did everything they were asked (or maybe you know someone who already has). They met with the physicians, did the treatment, took the pills, went to the meetings, got a sponsor, talked to the therapists and counselors, got their symptoms reduced . . . all that.

I am willing to bet with the utmost confidence that your Alcoholic will still not understand that they are not addicted to alcohol, that what they craved was never the drug, and that their obsession to pick back up stems from an identity crisis.

Go ahead. Test it. Go to any doctor, counselor, psychiatrist, psychologist, or even an open AA meeting and ask anyone one of them what the Alcoholic is addicted to, craves, and obsesses over. You already know what their answers will be. "Alcohol! Duh."

If you do happen to get lucky enough to find someone who does understand these crucial concepts of recovery, great, but ask them if they tell the Alcoholic who seeks help these answers.

Are you grasping how this works?

(you speak)

Here's my point. Without this knowledge, that I keep repeating, it would be a requirement to give an Addict another mood-altering substance to keep them from using their favorite. *Dammit! I dropped another mic.*

I'll say it again, like a song chorus.

If someone is being treated for addiction, but not taught what you have learned in the first few chapters of this book, a replacement drug would be required to keep that patient from using their drug of choice. *Remember, an industry who profits from illness is not interested in cures, they're interested in treatments.*

Therefore, it's no wonder why the average recovery takes forever and seems super difficult. It's no wonder why the consensus agrees

that treatments barely work. And we already know what happens when belief is thrown into the healing process.

Yeah, I'm sure you've heard this one from your Alcoholic too, "AA doesn't work. Treatment doesn't work. None of it works!" So, they naturally stop trying.

As much as I talk trash about these avenues, all *can* work. All can help. But it is, of course, my opinion that these professional industries are in serious need of a back-to-basics revamp. Sure, they are providing their patients with what they want, and what they want are training wheels. Because the Addict never took them off. The Addict is saying my training wheels don't work anymore, I need a new set.

You see, I don't know about you, but I was an eighties child. When I learned to ride a bicycle, we skipped the training wheels. I was taught to ride by two older neighborhood friends. The street we lived on had a slight pitch to practice on. One of my friends held the bike upright by the seat while the other repeatedly told me to quit being a little bitch, or "I've seen you fall from that tree over there a hundred times and climb back up. Now you're just a foot off the ground. Quit being a little . . ."

They would get me up to a balanceable speed and let go of the bike, just for a second, over and over, until I could balance on my own for a few meters. When it was almost time for the real deal, for me to get "let go" and coast to the end of the road, we came up with a stopping strategy, which was to just crash into the grass. (Remember, eighties kids, no helmets.)

I told my friend, "Alright, one more time with you holding me. Then the next time, I'll do it."

He said, "Cool."

It wasn't until I was halfway down the road that I took a look over my shoulder and noticed he had let go of the bike as soon as I was up to speed and was standing way back where I had started. I made it to the end of the road, hit the grass, got back up, and walked back up to them excited for another run.

The whole process took about thirty minutes, and of course, I was using an oversized bike, because it wasn't mine. By the end of the week, I was hitting jumps and living the best child life one could hope for. (A bundle of metaphors in there.)

This is how your Alcoholic should look at the prospect of sobriety, with excitement, as a new adventure. And there is no good reason why they shouldn't.

Using, and especially abusing drugs of any mood-altering sort (including psych meds) is nothing more than training wheels. Your Alcoholic never wanted to take off their training wheels when they drank, and surely, they are not going to *feel* like taking them off when they quit.

But here's the thing. Life is a rough road, more like a curvy and steep mountain bike trail with big rocks and drop offs. And your Alcoholic will need to learn how to navigate the mountain fast. But how well do you think someone can manage the handlebar jarring, skidding curves of the mountain when the training wheels are still attached to their bike, dragging, and catching roots near ledges?

Chapter 10 TRAINING WHEELS

Now let's get into AA. There are many different types of great support groups other than AA. I have tried most and got something profound out of each. But I choose to speak on AA because it's my favorite, and like any great product or service that excels, these meetings are conveniently located almost everywhere, affordable (free), have a cult following (cult is short for culture, the Nike brand has a loyal cult following too), consistent in their message, and it's highly effective when used properly.

I have no business speaking about this organization. Meaning, the opinion I'm about to share is not sanctioned by anyone in the organization. The following are not the views of the organization, and I am breaking a tradition here by speaking about it. But as you can tell, I am not one that goes with the grain. So, I will keep my message about this group relatively short and sweet.

This program is based off a religion. It got its wheels from the Oxford Group, a Christian sect. Before you start to judge, whether you're a religious person or not, ya gotta admit that religions are the best-of-the-best when it comes to psychological hacking (whether good or bad). And that's most often what a mentally challenged person needs, something to hack the program that made them sick.

A-n-y-wayyy . . .

The founders of Alcoholics Anonymous, a businessman and a doctor (both boozers), took out all the dogma and denomination, and simply left the good parts. The useful parts. The parts found in almost every religion.

The 12 suggested Steps for recovery are as follows:

Step 1: We admitted we were powerless over alcohol—that our lives had become unmanageable. (Honesty.)

Step 2: Came to believe that a Power greater than ourselves could

restore us to sanity. (Hope.)

Step 3: Made a decision to turn our will and our lives over to the care of God *as we understood Him*. (Surrender.)

Step 4: Made a searching and fearless moral inventory of ourselves. (Courage.)

Step 5: Admitted to God, to ourselves, and to another human being the exact nature of our wrongs. (Integrity.)

Step 6: Were entirely ready to have God remove all these defects of character. (Willingness.)

Step 7: Humbly asked Him to remove our shortcomings. (Humility.)

Step 8: Made a list of all persons we had harmed, and became willing to make amends to them all. (Love.)

Step 9: Made direct amends to such people wherever possible, except when to do so would injure them or others. (Responsibility.)

Step 10: Continued to take personal inventory and when we were wrong promptly admitted it. (Discipline.)

Step 11: Sought through prayer and meditation to improve our conscious contact with God, *as we understood Him*, praying only for knowledge of His will for us and the power to carry that out. (Awareness.)

Step 12: Having had a spiritual awakening as the result of these Steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs. (Service.)

Could you do it? Could you live this way? Should you? Should everyone strive to live more along these lines?

(you speak)

Here are the AA Traditions (business operations model):

1. Our common welfare should come first; personal recovery depends upon A.A. unity.

2. For our group purpose, there is but one ultimate authority—a loving God as He may express Himself in our group conscience. Our leaders are but trusted servants; they do not govern.

3. The only requirement for A.A. membership is a desire to stop drinking.

4. Each group should be autonomous except in matters affecting other groups or A.A. as a whole.

5. Each group has but one primary purpose: to carry its message to the alcoholic who still suffers.

6. An A.A. group ought never endorse, finance, or lend the A.A. name to any related facility or outside enterprise, lest problems of money, property, and prestige divert us from our primary purpose.

7. Every A.A. group ought to be fully self-supporting, declining outside contributions.

8. Alcoholics Anonymous should remain forever non-professional, but our service centers may employ special workers.

9. A.A., as such, ought never be organized; but we may create service boards or committees directly responsible to those they serve.

10. Alcoholics Anonymous has no opinion on outside issues; hence the A.A. name ought never be drawn into public controversy. *This is the one I oopsied. I talk about some controversial stuff.*

11. Our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the level of press, radio, and films.

12. Anonymity is the spiritual foundation of all our traditions, ever reminding us to place principles above personalities.

Now, all these Steps and Traditions do go much deeper than their headlines. While they are thoroughly described in the basic literature, it does require someone who has been through the program to teach it to the newcomer. *I even needed to be reminded that I may be overstepping my bounds by talking about the program in my last book.*

So, here's what it looks like when your Alcoholic enters this program.

Your Alcoholic will walk up to whatever building or house the meeting is being held at (there's a list of locations and times online and a phone number to call). A regular member at the meeting will surely recognize your Alcoholic as a Newby and shake their hand, ask them their name, make sure they have a Big Book, and maybe introduce them to a fellow or two.

Before the meeting begins, everyone will most likely be chatting-the-chit and laughing about something stupid, outside having a smoke, getting their coffee ready, and debating in their mind over the number of cookies they should grab off the table.

While I don't condone mass consumption of smoke, vapor, cookies, and coffee: they are the party favors of choice for recovering Addicts and seem to enhance fellowship. "I'll allow it!"

When the meeting officially begins, everyone introduces themselves and declares their uniqueness, "My name is Jeff. I am an Alcoholic (which is my unchangeable trait)." After that there's some brief readings about how the program works and some promises for what will manifest in one's life if the program is followed. These promises will seem outlandish to your Alcoholic, but absolutely nobody who has continued to follow the suggested steps would ever challenge their validity. And there will be additional announcements made about upcoming sober events like conventions and picnics, and any other ongoing things that need attention.

When all of that is out of the way, usually only taking about five to ten minutes, it's on to the sharing part, according to which type of meeting it is. There are generally three types of meetings: Step meetings, Speaker meetings, Topic meetings.

After the sharing part is done, when everyone who has chosen to speak gets their chance, there's another quick reading, and a prayer said in unison to close. The official meeting lasts about an hour.

But that's not all.

There is one last integral part to these gatherings. It's called fellowship, where you stay after the meeting and chit chat some more. These conversations tend to be a little deeper, a little more personal than the hey-what's-ups that occur before the meeting. This is also when one might be invited to the after party.

Often, a small group from the meeting will go out to lunch or dinner afterwards. And it's at these fellowships, or any sober event, where you will see something strange. These sober Alcoholics get rowdy! Not in the "fights and sex" way, but wherever they go as a group they just kinda take the place over. They will cast a vibration to the immediate area that is indeed within the party frequency range; something like you would expect to see in a bar. Any passerby would easily mistake the group for a bunch of boisterous drunks, until they look closer and find they can't see any booze on the table.

I remember this one time, at a sober barbecue in a public park,

there was about forty of us there just doing our thing and three young dudes straggled up to join the party with brown-bagged booze bottles in hand. It took 'em a minute to realize something was a little off. Maybe it was the looks, or the snickering, but it sure was funny when they caught on.

This party is much needed. Here's a little inside scoop. What your Alcoholic will find when he sobers up and needs to attend normal adult functions is that almost zero adults attending these wedding receptions, class reunions, dinner parties, holiday gatherings, barbecues . . . seem capable of reaching the party vibration without ingesting a chemical instrument. I'm not talking about having a good time. I'm talking about having a great time. It's a challenge for an individual recoveree to get to the party frequency in these settings as well. But get a group of us together and let the great times roll.

Go ahead and navigate your memories and see when the last time was you saw a group of adults resemble the energy of a group of children at a birthday party with a bouncy house—without using a drug. Giddiness with your friends doesn't count, that's why they're your friends. Think outside of that.

Your Alcoholic still needs the party, they still need to let loose, they still need to get boisterous; it can't be all work, work, work, and seriousness. And this seems to be, in my experience, far easier to do around a group of other sober drunks. The thing is your Alcoholic won't know this until they do it. Sobriety communities just can't match the advertising hype of something like the Superbowl. Remember, it's free.

Some of these meetings you can attend. These are called Open meetings. The meetings reserved for only Alcoholics are called Closed meetings.

It would be good for you to know if your Alcoholic is participating in the program. It's one thing for them to show up to a meeting and say they went, and it's another to actually do what's suggested by the program. Just like we all know it's one thing to buy a gym membership and walk through the doors once in a while, and it's another thing to hit the machines and attend workout classes while you're there—not to mention, tweak your diet while you're not.

The group will encourage your Alcoholic to find a sponsor, someone in the group who has already gone through the Steps with their own sponsor. A sponsor is the dude, or chick, who will hold your

Alcoholic's hand through the whole ordeal. Your Alcoholic will most likely procrastinate this first participation step. *The first step in AA is not step one of twelve as written. The first step is literally taking a step towards a group member to ask them to be their sponsor.* They will want to feel-out the group first. Pick the perfect sponsor. Find a good fit. Take their time. Take more time. Procrastinate. Pooki dooks!

They can get someone in the first week or two, whether they are jiving with anyone in that particular meeting or not. If the two are not a good match, your Alcoholic can always find another sponsor. No hard feelings. In fact, the sponsor who didn't work out may give them a lead to the one who will, or a better meeting (no two meetings are the same.)

Your Alcoholic will be expected to meet with their sponsor every week for about an hour and work through the suggested steps *as the literature lays them out* to be executed. These Steps are not to be done just any which way the Alcoholic feels like doing them or interprets them, although each sponsor does have their own teaching style. But there are some things which are consistent, such as, they will read through every page of the Big Book together and execute the Steps as they come up.

If done routinely, the whole process should take only a couple months. So, an hour-long meeting once per week, maybe with some fellowship. Add another hour for sponsor time. So, two hours per week for a couple months to complete the 12 Steps. That's not so bad. Did I mention it's free? *Nobody's making a big profit off this.*

There are certain indicators that will tell you they are doing it. These will be clear as day.

If your Alcoholic has a sponsor, and is working with their sponsor, you will hear their sponsor's name. They'll say, "I'm going to hang out with Jeff," as they walk out the door. You will notice that a meeting, which you know only lasts an hour, will keep your Alcoholic longer because they're doing fellowship. Or you will notice if they are dashing out the door the first chance they get. You will see a big blue book laying around that's highlighted and tabbed. And you may notice them attending or talking about sober functions outside of their usual meeting days. You will see a noticeable excitement about what they are doing, it won't feel like a chore to them, they won't skip any of their regular meetings. They won't make excuses for why they can't go; their meeting will be an excuse to not go to something else.

That's all I'm going to tell you about that. If you want to learn

SIMPLY SOBER

more, you know how you can.

Chapter 11 SOUL GLOW

At the end of the last chapter, I touched on what to look for to tell if your Alcoholic is participating in a sober program. But how do you know if any of what they are doing or trying is working? What does it look like? You can watch someone hammer a board all day long and it appears as if they are working hard, but what if you look closer and notice there's no nails?

This is yet another tricky one. It takes a long time for anyone close to an Alcoholic to regain trust, and with good reason. The Alcoholic has lied, most likely to you and themselves. They most likely gave sobriety their best go (whether you knew about it or not), according to their level of understanding at the time. But when they failed, it felt like they lied again. It felt like another line of broken promises and that you're back in the front row to observe yet another hurricane. And then it's compounded by the triggering memories of all the other "times" they had failed or seemed to not try.

To someone who knows little about what is happening with addiction, it would be reasonable to assume it's the Alcoholic's fault. But now you know better.

For those of you who have a Relapser on your hands—someone who seems motivated to quit, does a good job in the first weeks or months, then suddenly slips—here's your clarification.

When your Alcoholic first sobers-up, after their initial week of hell, they will begin to look and feel much healthier, naturally. Without doing any recovery work, they will naturally start feeling better because the poison has been taken out of the equation and their body-mind is rebalancing *itself*. During this feel-good period, your Alcoholic is experiencing what some might call an early recovery high, and possibly a little mania (a surge in the feel-good chemistry that was depleted, suppressed, replaced by the drug).

They will have some ups and downs, but their disposition will look promising. However, if they still hold the desire to drink, depression

may linger because life isn't how they wish it to be. If they desire to be sober, they will be happy to be sober, and feel like it's working. If they are only sober because they were forced, they will be depressed and simply waiting until they get the chance to drink again. That's just so you know the difference. It has little to do with a diagnosis, and more to do with intention.

This recovery high comes easier when your Alcoholic has been taken out of their daily environment, when they have been displaced from their usual stress loads. If the poison pumping ceases and they're on a quasi-vacation, of course, they're gonna feel pretty-darn good, and everyone says, "He's doing it!" Then, as life starts to kick back in, when responsibilities and expectations start to pile back up, they begin to lose this high little by little . . . or they don't.

Whether your Alcoholic's sobriety-plan includes big life changes, or to simply go through their days as usual with a few added meetings, or even if they are being supervised: this high will disappear when real life kicks back in. It doesn't matter if they are doing the right things or not, this high will go away because your Alcoholic's chemistry will balance out. It isn't the early recovery high you're looking for anyway. It's what comes after. (Building suspense.)

Side note: Don't underestimate the deception of supervision. Meaning, it's a ton easier for your Alcoholic to refrain from using their drug of choice while supervised—someone (not you) like a probation officer, or treatment center staff constantly checking on them, and the dangling consequences of getting caught. These periods of observation by an institution are no measure of sobriety. It only means they are not using during that time. It's when we are alone that our true colors shine—when nobody's watching.

Sober time is almost irrelevant when they still have an intoxicilizer hooked-up in their car, a potential probation violation hanging over their head if they slip, or counselors and staff sniffing their breath—monitoring them.

And that is the purpose of this chapter. If you can't measure their success by time, then how?

This early recovery high is deceptive because no work was needed to achieve it, and this produces over-confidence, ultimately enabling procrastination for the work they had been avoiding their whole life anyway. "I feel great! Symptoms are gone. Why would I need to do any work?"

An example is if your Alcoholic experiences a family intervention,

buckles, and submits to something like a month long stay at a treatment facility. When you visit them during their last week at the facility, they look fantastic, in great spirits, ready to take on the world! When they get home, they get right back to business as usual. Same work hours, same screen time, same almost everything. And before you know it, they are no longer that positive and optimistic person you saw in their last week of treatment.

Even when your Alcoholic has been doing what he's supposed to from the start—hopefully they had been properly taught what that is—this early recovery high will still dim a little, but it will be replaced by the Soul Glow. It's an invisible transition, but once anchored, easily seen.

I hope when you hear me say Soul Glow, the fictitious commercial in the 80's hit movie Coming to America with Eddie Murphy pops into your head, because it comically illustrates what I'm talking about. If you haven't, check it out, I'm sure there's a clip online.

The generic way to describe this is a shift from being almost too happy for no good reason, to a grounded and serene vibe that will visibly affect their surroundings.

I know it sounds a little hocus pocus, so let me explain what happens before I paint its picture. Like the premise of this entire book, it doesn't do much good to describe what something looks like without telling you what it is. So, once again, I'm gonna skip around a little until I get to the point.

Einstein and many others said that a problem can't be solved with the same thought process that created the problem. I would like to add, to change the thought process one must consult an alternative mind. They need to change their mind!

Your mind, my mind, everyone's mind is dyadic (split). It wasn't always this way. Our mind (not brain) was whole when we first began crawling around this world as infants, but as we became more integrated within the systems of the material world, we needed to divide the mind to function better in the physical arena (two minds, two worlds, both connected.)

These two minds can simply be defined by time. And that will make more sense in a few minutes.

When we are living most of the hours of our days in time-traveling thoughts—both the near and far past, and the near and far future—we are operating in a certain mindset that I like to call Humpty Dumpty. (Get it? Egg . . . wall . . . had a great fall?)

Humpty Dumpty is the guy who identifies with the past, and he's the guy who believes he can predict and control the future based on what he has learned from past experiences and suggestions. He thinks linearly, in a straight line. He judges things as good or bad. He thinks hierarchically, high and low social statuses, one thing or person more important than the next. He calculates, tries to use logic, and has an insatiable need to "understand", but can only do so based on the information that's been presented to him. He is the part of our bio-computer who interfaces with the material world. He is literal, closed minded, bull-headed, black-and-white. He is easily conditioned by outside influences, programmed by repetition and basic positive and negative reinforcements. He's our autopilot reflex to situations. He is unimaginative, noncreative, he can only copy. He is untrusting of the unseen, the one who gets distracted, and pathologically cluttered *with* those distractions. He is the one who compares us to other people. He gets very defensive if his beliefs are threatened, and his favorite belief is that he runs the show. He loves to boast about himself, but also loves to throw pity parties when he doesn't get his way. He will do anything for attention, and I mean anything—your attention and belief in what *he* says is how he gets his power. He is the talking voice inside our head, and he knows how to lie very well.

While we need Humpty Dumpty to live and thrive and find where we fit and how to function within the physical world, it is easy to see how vulnerable he might be to malfunctions and misinterpretations of reality.

The good news is we have another Self, another mind who lives in the present moment timeframe. Yes, we have two Selves (at least). We will call our present-moment Self ... Primo (present moment, pre-mo, Primo).

She is more of a stranger in passing to us. We might notice her briefly, give her a nod, maybe appreciate her beauty for a few moments, then it's back to Humpty Dumpty and on to the next distraction.

We are looking through Primo's eyes when we capture a moment of appreciation while admiring a beautiful landscape in nature: a sunset, a waterfall, or an up-close deer. When we are enthralled while holding a newborn baby and the entire world melts away without us even knowing, that's the Primo mindset. When we make love and nothing else matters besides the connection between us and our mate, that's Primo.

She is the mind-mode we engage in that's sometimes called "in the zone". If an athlete is on top of their game on the playing field, they're not thinking about next week's game, or the one they played last week, nor winning the one they're currently playing. They are barely *thinking* at all. They're in the zone. What the athlete is good at, in the sport which they **love**, is the ability to tune out everything: all distractions, stay in the moment, stay fluid, let go of past and future thoughts, and allow their mind and body to get the job done without interruption. Afterwards, Humpty Dumpty can enjoy the spoils when the game is won or be devastated by the loss.

Primo is also responsible for when we "zone-out", thinking about nothing at all, blanked, or having a nice mental rest. A zone is a space, and the mind is indeed a large space packed in a small area.

Primo is our delivery conduit of intuitive messages. It's called a message because we were not already thinking about it, the knowing seemed to have come from elsewhere. She suggests which direction to go when Humpty Dumpty can't find the answer in his messy room.

Primo doesn't have a clock, that's why time flies when we're having fun (in the moments) and not thinking about yesterday or tomorrow. She's the listener, the watcher—and she *whispers* with ideas, but she never lies.

Overtime, Humpty Dumpty was employed so much that he became the default setting for our operating system. As society provided a plethora of answers and instructions—curiosity, imagination, intuition, and emotions were lost, discredited, and battered to a bloody pulp.

We do need Humpty Dumpty—a personality to interface our mind with the physical world—but the problems lay with the fact that he's naturally programmed by our experiences and has been taught, through experience, to only experience the physical world as detected by our five senses, and that the *material* is the only thing that's trustworthy. He had become conditioned to only think and discern all ideas based on what was presented to him, and eventually came to believe that we are what *he* thinks.

The information and toxicity he's being fed can, and has been, easily manipulated through various social programs. These programs can, and do, go haywire when they contradict our Natural state too much: inner-conflict, mental illness, unorthodox consciousness punishable in the 21st century by chemical jailing.

A great example of this chemical jailing is the common diagnosis

and treatment of ADHD in children—kids with a lot of energy and difficulty focusing. Really? It has become common practice to diagnose people for being human, for telling someone they are flawed because of their perfectly natural reactions to their sick environments.

For those who just got offended by my downplay of this so-called disorder, every single parent I have spoken with who had successfully healed their child of this ADHD simply used healthy food and minimized screen time. No drugs. By the way, Ritalin, the “go to” drug for ADHD is nothing more than pharmaceutical meth.

Furthermore, what are we teaching them—what information are we giving our children’s Humpty Dumpty—when every time they fall out-of-line socially, get an ouchie, or feel bad, the remedy is most often a drug? Is the drug for the child, or for the parent’s laziness and misinterpretation of the problem? Either way, the program is downloaded by the child regardless. Just sayin’.

Back to Humpty Dumpty.

He eventually took full command of the body vessel and buried Primo in a coffin (along with our shadows), then ignored her, talked badly about her, took her for granted, and resisted her love. He forgot she has access to an energy source that’s more healing, intelligent, kinder, and wiser than he has the capacity to be—because he’s limited.

All we need to do is remember she exists. She exists in stillness; when we tell Humpty Dumpty to shut his mouth. We remember she’s there, she’s always been there, and we are swimming in the energy field she is made of at any given moment. We need only to realize we have a relationship with her, whether we are conscious of our awareness or not, and that when we befriend her our ego can consider advice from a power greater than itself.

With this one simple concept, the simple acceptance that our thoughts are not everything, that our thoughts are not us (we only thought they were), we realize what we truly are, the awareness of our thoughts. And through this awareness we find a Will other than what we thought was our own; that we are designed to be consciously aware of our connection to the grand designer, and that we were only split from it by a fragment of our imagination—a material illusion.

Now we can get out of its way and let it heal us with no more effort than allowing a single breath to open the gates and allow a flow of loving energy to nourish every aspect of our life. It’s within this awareness we find simplicity at its finest, along with the correct answers to our troubles.

Whenever we so choose, at any given moment, when we remember there's another source of power, energy, and ideas, the two fragments of our mind can become one. This Oneness is the loophole, the cheat code in the video game. When we merge our awareness with the unthinkable, the ungraspable, the energy that is us, we have invited the greatest of all power into our life.

This relationship demands a certain respect. A level of respect so high we allow this power to wield us, and not the other way around. There are very undesirable consequences that come with trying to bend reality to our personal will—kind of a “be careful what you wish for” type situation.

Have you ever struggled, pushed and pulled, and worked for something in your life, only to find that once you finally get it three more problems pop-up? To all those who attempt to shape reality to their own will, this never-ending stream of problems is normalized as the definition of Life. “That’s just life.” “Life a beach, and then you die.”

We could have begun our healing journey with this simple trust, and life would have been much easier. What a bummer. But it wasn’t a total waste. It’s all part of the refinement process for what inhabits and animates our physical body.

What usually happens is the suffering continues until nothing works to fix it. The problems persist and worsen. Worldly patchworks no longer hold. The pressing pain increases past the threshold of the wall Humpty Dumpty had built his empire upon until the illusionary structure crumbles beneath his feet.

It is at this point, when he lay there battered, bruised, and broken in a million pieces he realizes that none of his thoughts and ideas and concepts can rebuild him the same as he once was. He can’t go back. He no longer wants to be who he once was because who he became was how he fell.

So, the only way to get back up off the dirty ground is by grasping the hand of an unthinkable power and watch what *it* can do in his life. Because whether he totally trusts *it* yet or not, he already knows it can’t do a worse job than he was doing. Some call this “rock-bottom”.

I realize that was a little . . . out there. But that’s the barrier that often must be broken for the admittance of Truth.

What do I mean by truth? And how does this mumbo jumbo apply?

There are two main concepts Alcoholics are “motivated” by the professionals and sobriety programs to admit when they enter Early

Recovery or treatment. The first is to admit they are an Alcoholic. The second is to admit they are powerless over alcohol. But this word, admit, can be interpreted in different ways.

Typically, it's only after quitting when an Alcoholic has a problem with admitting they are an Alcoholic because the intention changed. They may not have admitted they had a problem while they were using, they surely convinced themselves otherwise, but admitting they are an Alcoholic—that they can do.

When the Alcoholic admits it while they are using, it's to shut everybody up and force them to accept the behavior by doing it anyway, despite their own acknowledgement of the abnormal use.

But, when the Alcoholic has stopped drinking, and must learn a far more authentic version of courage, they begin to backtrack this admittance because this is when an internal conflict between finding a cure that will allow them to continue the behavior and knowing deep down the behavior needs to stop entirely (the real cure) kicks into full gear.

I know, I'm confusing you. You probably have mush-brain at this point. So, I'll switch it up and explain this from my personal perspective.

Something happened when I shifted who I was admitting to. When I started admitting I was an Alcoholic to myself, instead of to other people, it was no longer an admission of guilt, or an account of irresponsibility.

Admitting I am an Alcoholic means I am accepting a certain trait of mine (which, if one has the right information, is much more easily accepted). What I found when I admitted to myself that I was an Alcoholic was that I was accepting an unchangeable part of my Self—that I could not drink in a controlled fashion, ever. I was accepting a small piece of me. I accepted my Self, including the bad parts, without conditions. This is sometimes called unconditional love. I didn't want to accept it for a long time, but my alcoholic trait was a part of me all the same.

Not accepting a part of one's Self does not make it untrue. When I wasn't accepting this particular trait of mine, I was rejecting me, how I truly am. There was this part of Me I hated; therefore, I hated myself. There was a part of me that wasn't loving another part of my Self, I wasn't accepting certain pieces of the whole.

It's like how a person might not like their straight brown hair. They can dye it to change its color, curl it with an iron to make it wavy, put

extensions in it, put a wig on, style it, cut it all off, or whatever—but it will always grow back straight and brunette.

Meanwhile, while they're trying to change *their* hair, someone else wants to make theirs straight and brunette. You got bald men getting hair implants, and men with full heads of hair choosing the bald look. Light-skin people trying to get darker, and dark-skin people trying to get lighter. Thin people wanting to get thicker, and big people wanting to get thinner. Short people wearing shoes that lift, and tall people . . . well, they just need to join a basketball or volleyball team. Large chested women may want a reduction, and small chested women want an enlargement. Some people continually make babies because they didn't get the sex they desired on the first 3 tries (double entendre). Many poor people want to be rich, and believe it or not, many rich people wish for a much simpler life. I could go on forever.

My point is this. It's insanely difficult for most people to accept their circumstances.

No matter how much I didn't want to be different—regarding alcohol—I was. And when I admitted I was, and accepted it as an inherent trait, it became mine, I owned it. Once I owned it, once I recognized it as part of me, I could then start working on how to get through my life with it. But this does not mean a great life can't still be enjoyed, it's simply enjoyed in a different way.

The problem wasn't drinking, the problem was I wouldn't accept that I could no longer do it and still be happy (although most of the Happy had already left while I was drinking). Many practicing Alcoholics will proclaim that if they can no longer drink, they may as well die. It's because they can't imagine any semblance of happiness without it, because their only source of happiness came from the drug for so long.

Some wise dude said, "Suffering only comes when we refuse to accept how things are." When we know and accept our Self as we are, things like our limits become clear. Eyes open and see that brick wall we kept banging their head into. And that leads into the next bit.

Admitting I was powerless over alcohol.

This is different than admitting a trait. Remember, I can be an Alcoholic all day long and still drink. But, when I admitted I was powerless over the substance which triggers the trait, that every time I stepped in the ring with this substance and tried to control *my trait* I would always get my ass kicked, it transformed from an idiotic lesson I kept repeating into wisdom. For as long as I was unable to admit I

could not control this 800 lbs. gorilla, I would keep getting in the ring round after round, trying to find a way to beat it—trying to find a cure that would allow me to continue the behavior without getting sick.

Since we don't live in a video game simulation (at least one with an endless number of lives to spare) I had to figure something out. It wasn't until after admitting I couldn't overpower my opponent (which was my trait) that I found the best way to win. The best way to stop the abuse and bruises and consequences, the best way to avoid the beatings, was to not get in the ring at all. I didn't even realize this was an option for the longest time, because of my obsession.

With this acceptance of the lesson, I earned a choice. No matter how many people and situations and stressors pushed me towards that ring, the one thing I would not do is step between the ropes to fight a rigged match. Once this wise decision was made, there was only one place to turn.

I would turn away from the ring and face the things that were pushing me towards it. Those opponents I can win against. They are much easier to control than an inherent trait enmeshed within my bio-electric matrix.

And after a little practice, I found out something cool. Not only were my battles against the things pushing me towards the ring much easier to win, but I could change them. I could change the people, the factors, and the situations in my favor through the choices I made with Primo. I could shuffle them around to the point where they were no longer pushing me towards the ring but pulling and leading me far far away to a place where I can't even see the beast anymore.

Let's turn this up one more notch.

In electrical engineering the term "admittance" is a measure of how easily a circuit or device will allow a current to flow. If truth is the energy current, one's admittance of the truth determines how well they will function. This is called honesty, and it's a whole different wave of energy than most are used to.

This is the first step in the healing process. Without permitting the truth to become you, as long as you continue to not accept your Self, you can throw all the money, doctors, pharmaceuticals, prayer, exercise, positive thoughts, or anger at a problem and it won't change a diddly darn thing.

The truth is what sets us free. Honesty is what heals the desire for what kills us.

Sometimes it's hard to swallow, but once the truth is permitted to

be what it is, what we are, how we are, then everything surrounding this honesty begins to change. And it changes in the ways it's supposed to change. Not in the ways we *thought* we wanted it to.

The admittances of which I speak are most definitely not to be interpreted as a weakness, a flaw, or being over-powered by a substance. Wisdom is a term to describe acceptance, and the term *authentic courage* to describe the decision to not participate in the drama of a fight which many continue to refuse stepping away from.

When the energy of these two truths is admitted into your Alcoholic, by your Alcoholic, it is at this point they are sober; otherwise, they are just taking a break, and you would be surprised how long a break can last.

Your Alcoholic does not need to be able to verbalize this experience for you to know they are having it. In fact, they most likely won't. Most are incapable of describing something this deep or explain it as I have, and that's fine. They have begun to think without words. Primo rarely uses words. Silence is the only technique that counters all the spells and programs Humpty Dumpty has acquired through the years. (If you want to learn more about the matrix of how spells are cast down on people since the day man learned how to create words—a powerful craft known as “spelling” —check out the book *Simply Sober Workshop*.)

This whole process I have just described is the alchemy, the transformation of their curse into a great gift. A level of consciousness rarely achieved; obviously, because of the trials a person often must go through to receive it, a devastated heart being one of them. So, rarely will you see a person choose this path on their own. It chooses them.

So, here's the painting. Here are some of the signs and symptoms of Soul Glow.

You will see them tackle goals, for more than a week. There will be some passion, some spirit pushing the sails of their mission: whereas before they would have a goal, give it the old college try, then make an excuse for why it won't work. Their goal may not come to fruition in a timely manner, or ever, but that won't stop them.

Furthermore, their goals will change. Their goals will no longer align as much with societal values: money, prestige, white picket fence and dog, etc. These new goals tend to be more virtuous . . . unique . . . outside the paradigms of a trained pet who learned to work for a treat. This might seem strange to most, a little impractical.

You see, when Alcoholics get the early recovery high their divine drive returns, but without the Soul Glow they have no clue what to do with it. There's zero confidence because they are still working with the outdated Humpty Dumpty software. So, they do what they had been told to do their entire life: go back to school, start a business, find a spouse: the whole outline written for us by the authority of man. Not that these things are bad. But someone who is now thinking for themselves intuitively knows that there's fruit on other trees, so they sometimes tend to leave the farm.

You might also notice an altered magnetic field. Just think of it like repulsion and attraction. If you were keenly aware, you would have noticed that while your Alcoholic was abusing their drug they repelled and attracted certain people and things into and out of their life.

For example, a person operating in a toxic frequency will be repelled by someone in their Soul Glow. The toxic person will physically keep their distance, not look the Soul Glow in the eyes, and have difficulty communicating. Being around Soul Glow wavelength makes a toxic person uncomfortable, unless this toxic person wants to level-up themselves; and, if that's the case, their vibe has already begun to change anyway, and they are the one who's attracting a Soul Glow.

So, when they're in their Soul Glow, you will see different types of people enter your Alcoholic's life, sometimes rather quickly. If they are not in their Soul Glow you can see it clearly also. For example, your Alcoholic may have the goal of not hanging out with so and so but can't replace them with the type of person they know they should, so they get lonely and go back to hanging out with so and so. They skipped something, they went directly to changing their outer world, not knowing outer change begins inside. So, it's back to the admittances for them because Soul Glow doesn't get lonely.

You might notice they don't mind being alone as much—while sober. They became friends with their Self and are comfortable with it. Don't misinterpret this as avoidance or isolation, for they also crave interaction with others but are far pickier with whom they keep close.

Some might interpret this as social anxiety when Soul Glow doesn't wish to stay in large crowds for long periods. But it must be understood that they simply can't take it for more than a few hours because they have become sensitive to the energetic fluxes of others. Most don't realize that humans are not designed for that type of

bombardment, the onslaught of a hundred different vibes—yet the people who are in-tune in this way are told to “toughen up,” and, “stay longer.”

You will notice your Alcoholic gets looks, and not just because they look good. This is a weird one. You can be driving in the car, or walking through the mall, and you will notice people turn their head to look at your Alcoholic, almost as if they’re trying to figure out if they had met them before. They don’t even seem to know they are doing it, or why. They just trance on your Alcoholic for a second longer than a natural glance. Or these people were totally preoccupied yet something interrupted them enough to make their eyes see your Alcoholic.

You might see major shifts in priorities. Much like their goals, these shifts in priorities may be extreme—to align with their goals. They might get fed up with their career. Not care about money as much. Start doing and learning things they had never done before. Spend a great amount of time with children. It might look a little like they are losing their mind, but I assure you it’s quite the opposite. So, don’t knock it unless it’s making the family starve to death.

Finally, you will just know they got it. If you are halfway grounded in your own realm, you will just feel it. You will sense it when you are near them. You will see it in their presence. But fair warning, this Soul Glow is not held onto 24/7/365, and don’t expect them to. It will ebb and flow. They will have bad days. But their median resonance will stay relatively steady through the weeks. And the quickness in which they can adjust to anything that throws them off balance is a good indicator that they had it because it means they are quick to get it back. If they didn’t have it, they wouldn’t care if it were lost and would continue another downward spiral (usually in the name of success).

Chapter 12 YOSEMITE SAM

If you took the easy route, skimmed and skipped to this chapter, go back. Read everything. I put it all before this section for a reason; actually, a few reasons. I'm going to be suggesting things for you to do and consider that may seem odd or even useless, unless you're caught up on all the fun and new info.

The premise being, I'm about to bring you through the front door of a garage full of tools, but how useful is any tool if you don't know what it's for? It would be the same as giving someone who has never seen a car in their life a toolbox to fix it, then walk away and say, "Good luck!" I'm sure that might feel familiar if you've already sought help through conventional means.

What you should do . . . What should you do? What should we do?

Well . . . that depends. It depends on many variables. I don't know you. I don't know who your Alcoholic is or who they are in relation to you. Your Alcoholic could be your spouse, offspring, friend, parent, and on and on. The dynamics change with each position.

This presents a bit of a pickle. I can't tailor the dos and don'ts to your specific situation—and I wouldn't anyway. What this means is I must throw it all at you. I am going to give you everything, all the direction you will need, along with some concepts and teachings you may not think pertain to your personal situation. The thing is it does. It all does.

For instance, if I talk about dealing with an Alcoholic who is totally on board with recovery, but your Alcoholic won't even walk the dock towards this sobriety ship, you might not think that section has anything to do with you and your Alcoholic. You might want to skip it. But often the same things that get someone on the boat can also keep them from jumping off once they are already on. Savvy? Let's be ready for anything.

First thing first.

The remainder of this book is written a certain way, and it's not a way that you are familiar with. It's not a list of dos and don'ts. There is not a first, and there is no last. No concise outline. No order. As much as I would like to say, "this is what you do at this stage, and this is what you do at that stage," I can't. Nobody can. And if someone claims there's a one-size fits all, linear outline for you to help your Alcoholic, they are a moron.

What you are going to do for your Alcoholic is an art, a creation, an alchemy of energy that aligns with a desired outcome; and it should be thought of as such. But one cannot do this with the same mind as they had before. (Remember?)

Something I have noticed when talking with people about something new to them is that most don't want the whole scoop. I don't initiate these conversations, and I don't preach from up high, but when someone wishes to ask questions about something that I have a firm grip on, I rarely give them what they want.

They know that I know stuff, and what they want is the easy button. They say, with their inner voice, "This dude knows all about it, let's see if he can give me an easy hack." Most people just want to be given something easy to do so they can say they tried, then it's off to the rest of their day with the least amount of inconvenience.

The last thing I want to do is inconvenience you. Seriously. I get it. The info you have received so far, and the avalanche you are about to get, can be quite overwhelming, especially when I'm not telling you exactly what, when, where, and how to do it. It means that many things will need to be sorted. The good news is . . . it doesn't need to be sorted by *you*.

Stay with me here.

You, and I, are dumb. The part of our mind that thinks it's smart is dumber than a box of rocks compared to what we are capable of. The talking part of our mind that we assume is *us* does little for our progression by way of thinking.

Yeah, it can make a few decent decisions, maybe regurgitate some facts or memories, and possibly foresee some stuff as well; but it has little control over any of it. In fact, I would bet my left shoe that most would agree our thinking gets us *into* more trouble than out.

This is important, so I need to go through some stuff before getting to the juicy part.

You know more than you think. As in, there are sources of

information and function other than your ideas.

Let's take the human body for example. And this is just one example. Think of a person who is physically fit. What made them that way? The real-life version, not the pound of make-up, spray tan, perfect lighting, photoshop version. How much thinking went into how well their body functions and looks?

I mean, sure, they chose to eat clean, stretch, exercise, and maybe Fast for detoxification—Humpty Dumpty gets a high-five for that. But what does the work?

Think about it. If you want to pick-up something that's heavy, you just think in your head, "pick that up," and your body does it. You don't need to maestro all the muscle chains needed to balance and grasp. You don't need to think about how to send the nerve messages to those muscle fibers to contract in unison to perform the task. You don't need to direct the liver to release more glucose for the energy, or the spleen to contract and release blood to augment the systemic circulation. You don't need to manually shutdown the digestive system and initiate the sympathetic nervous response via adrenal gland secretion. And you don't need to instruct your body cells on how to recover from the workout, patch the torn muscles with AGC cells, shift back to the parasympathetic nervous state for post-work out relaxation, or take the food molecules from the next meal and put them in the right places. This is all done for that person by their design. All one needs to do is say, "Lift."

How about building a human? People often say, "We made a baby," when they did nothing more than house the building materials and say, "Pump." It's not like the parents bent over a table together (or maybe they did) and studied the schematic and began to arrange the molecules and breathed life into the project. It took a brief act, and the rest of the construction over the next nine months was done for them, by their design.

Your body has a trillion cells, all moving and communicating with each other and doing their jobs in a symphonic micro-universe that materialized as a vessel for your soul. You, the thinking you, barely needs to do anything to keep it rockin' and rollin'. Your personal metropolis of body cells has already mastered the chemistry, thermodynamics, electrical and mechanical engineering, and it does it all by itself. And it's the same with your mind.

The information I am giving you is the food; your mind will figure out where to put it and when and how to use it. This means you don't

need to think as much as you think you need to think. You don't need to memorize everything I say. You don't need to associate the things I say that might be new to you with an older idea in your head. You don't need to recall what you heard when you left off yesterday. It's all still in there. It doesn't need to be swirling around on the stage of your thoughts. Your body/mind will digest the information. Your body/mind will sort it all out for you. Your body/mind will store it for later use and make it readily available when you need it, like fat. And your body mind will let you know your next move after it's embodied the new data and had some time to "sleep on it".

That, right there! That saying, "sleep on it", is proof of what I am talking about. This is exactly what people are doing when they are faced with a big or tough decision and say, "I better sleep on it."

The thinking brain knows the decision is above his paygrade, and he knows inherently the best way to figure out the situation is by shutting down, going subconscious with the dilemma, and letting the mind do the work.

This strategy is reserved for the super tough decisions, and it's quite literal. "I can't figure this out right now. I can't think of a good answer. Let me turn off my thinking, go unconscious, and maybe after my mind digests all the variables without my crazy monkey thoughts getting in the way I will have come up with a good answer, or at least be in tune enough to notice if the answer I have already chosen feels right. (The body feels the thought, bodymind.)

Have you ever found yourself looking for something like a hat, keys, jewelry, wallet, or tool and frantically tossed the entire house to no avail; then, when you stop looking, stop thinking about where you lost it and how bad you need it, the last place it was pops into your mind—like three hours later when you're doing something else totally unrelated?

You know more than you think.

Let's talk genetic memory.

I know a lady who has three Samoyeds. Those are the dogs with the super white, super puffy fur that even a dog-hater would love to snuggle. Her Samoyeds are well-trained show dogs. One day we were talking about one of their recent competitions where she entered Graham, the stud muffin, into the herding event where they put him in a fenced area with a pack of sheep to see how well he could round them up.

He won first place. But the thing is, he was never trained to do it.

Graham had never even seen a sheep before, never herded anything in his life, never even seen it done by other dogs. He accomplished it on pure instinct. Instinct that came from the training of prior generations in his line. Ancestral training that became encoded in his make and model. Knowledge passed from each generation genetically. *Our ancestors are always there to help.*

It might not seem like much, but this isn't your run of the mill instinct. This isn't: eat when you're hungry, sleep when you're tired, or the ability to walk fresh out of the womb like a baby horse (which in and of itself is amazing when you think about it). This act of herding is a complex motor pattern combined with strategy for a goal. To us it might just look like a fun game for a dog, but from a physiological standpoint it's a miracle of ability. And that's just a dog. Imagine what gems hide in your make.

You know a lot more than you think.

As you are listening to what I say, certain parts may resonate with you on a core level. It's instantly understood despite not hearing it before, and probably goes against the grain of what you have been taught. This is because I am not teaching it to you, I'm just reminding you of something you already know. Wisdom is not learned, it's unlocked.

For deprogramming purposes—because our social programming can be so challenging to penetrate—I will lay down two more concepts to drill my point deep inside your cranium.

Remember those Twelve Steps I described way earlier; the outline for a new way of life that, at first glance, seem like a cute spiritual practice, but almost unrealistic? That outline is not a new way of life, it's an old way. What I mean by this is when someone is healing and growing, when they are learning to get out of the way of their own body and mind's design, they will indeed begin to do all these steps naturally. Many came to live this way without a book to tell them how.

The only problem when most begin their health journey, especially an Addict, is they are not typically starting at level three or five on the health spectrum. They are usually starting at about a negative six. So, a program is a good jumpstart.

This reminds me of an experiment I once read about. Unfortunately, I can't find the study to provide its name—so consider this part as pure fiction. You'll just need to take my word on it.

Once upon a time there was a study done on Alcoholics where they were given a room, food, and an endless supply of alcohol. They could

stay at the facility for as long as they wanted, and drink as much free booze as they wanted. The room was bare, save for a bed, couch, table, and I'm sure a deck of cards or something. No T.V. They could leave their room but not the building, not while they were participating in the experiment (meaning, they couldn't just leave the building and come back for a free bender).

The purpose of the experiment was to find what happens to an Alcoholic when given all the booze they can drink but remove society from the equation. My interpretation of this is, what happens when you leave an Alcoholic alone with only their Self for company.

I'm not saying all survived this experiment, but quite a few did stop drinking. They simply "got sick of it", they said. When left alone with no societal distractions, pressures, and mental clutter; when forced to meet their Self, to live with their Self, they simply got sick of drinking and stopped. Something helped them overcome their severe addiction, but it wasn't another person.

This does not mean that once they left the building they wouldn't start back up again, they didn't find the final solution (or maybe they did), but just think of the significance of that experiment. What was already inside those people who just got sick of it? What could overcome something as strong as an addiction despite having and endless supply of what they were addiction to?

I hope at this point I got your head wrapped around a different mindset. Right now, as you are consuming the entirety of this book, you're simply gathering. It's like you have found a gold mine and are gathering every little nugget you can find and putting it in the back of your truck.

You are not concerned whether it makes any sense at this moment, where you are going to stash your nuggets, which pieces you will put in your pocket and walk around with, or when you are going to spend it.

Why am I having you process this way? Because I wrote this part with the same mind you will be listening with. I am about to go on a long rant with tangents, interruptions, revisits, and flip-flops. *Not that I haven't already done that to you already.* It may seem incoherent and stupid to the part of your thinking that likes to use linear, tangible, concrete, outlined, and "make sense of it all for me" answers.

I have made enough sense as I could in the first half of the book. But for what you are supposed to do about your problem needs to happen organically. You are going to be working with a human,

senseless by nature—especially given the current situation.

So, for now, you pile all the sand in the sand box, and let your inherit design do the work of building all the castles, or mental mansion rooms. The answers to, “what should I do next,” will come naturally this way. No reason to overthink, plan, or get overwhelmed at this time. The opportunities for you to help will be plentiful, but you will miss many of these opportunities if you are stuck waiting for a specific one or forcing your favorite to work.

Think of it this way. Bruce Lee said to be like water. But, if you only know one fight move and are waiting and waiting to use it, you get your ass kicked in the meantime. On the other hand, if you have embodied a hundred moves, you can react like Bruce Lee and adjust your attacks. I don’t know if you have ever fought water: it surrounds you, wrap you, gets in your eyes and mouth, slows your movements. When it comes to this fight, be like water.

Okay. Are you ready for the juicy stuff, the reason you thought you picked up this book in the first place?

(you speak)

Well, alright!

You may not think certain things I talk about have anything to do with your immediate and personal problem. You might not think it can help you and your Alcoholic specifically. But I can guarantee that someday, somewhere, you will be talking with someone for which it does. The path to solving your personal problem is not always a straight line. (That was not a repeat. It was a redirect.)

This subject of addiction is sort of taboo. People keep it a secret, not always intentionally. It’s seen as a weakness; not to mention, nobody wants to look at it more than they need to, like a bedroom closet or garage that has somehow turned into a cluttered and filthy storage unit, but the person knows in their core that it should be cleaned. When people talk about this stuff it shines a big bright spotlight on something that they became comfortable ignoring.

Let me rephrase that. It’s seen as a weakness until it’s defeated. People who have learned to live a relatively happy and healthy life without alcohol are not seen as weak, but no one wants to talk about it before that. No one wants anyone else in-on the family blemish until after it gets better. For one, it’s embarrassing. And two, nobody knows what in the Sam Elliot they are doing or talking about. It’s mostly just complaining.

Let's change that.

I want you to share the information you are learning about addiction with whoever is interested. I'm not saying get up on a soap box and preach to the world, but I can guarantee that when you begin to work on solving your dilemma you will meet and speak with others on the same path—others who have an Alcoholic like you (magnets). The conversations will develop organically. Once a conversation gets past the pleasantries, all roads lead to the stressors in life. If the two of you have an Alcoholic stressing you out, it'll come up.

Fighting addiction is not an individual effort. It's the whole "it takes a village" thing. Your Alcoholic can't do it alone, and neither can you, because you are not only fighting alongside your own Alcoholic. You have now been drafted and fight alongside others. A price came with your findings and you are now responsible to share it. You are now a soldier in a war you didn't know existed.

I know that was a little deep. But you will find out exactly what I mean soon enough; or feel free to retreat and hide in your complaint hovel and flop your victimhood back over your head.

It does little good to identify a problem and then send that problem off for someone else to handle. That's what has been going on, and it has proven severely ineffective when the problem has attacked a human you love.

The consensus surrounding health, in general, has been, "oh, I see some poor health. I know nothing about that. Go to the doctor. They know about that stuff . . ." and that's it. As you may have surmised, this strategy is not enough. That strategy might work for a stab wound or some crazy infection, but not for addiction.

Imagine if everyone around an Addict in early recovery, the whole village, understood what you now know about how your Alcoholic's health has been beaten-up. What if it was common knowledge that an Alcoholic is not addicted to the same chemical that everyone else can effortlessly control? What if the cure for cravings was well known to all? What if everyone knew what the Great Obsession of the Alcoholic was *really* about? What if Alcoholics didn't need to endure seven relapses, thirty appointments, and a hundred meetings before they started to pick up these clues—if at all?

If everyone knew this stuff, these basics, would there be less offerings of a beer by friends and family to someone recovering from alcoholism? Yes, your Alcoholic will get offers by people who know they are in recovery, because the people offering don't know any

better. They will whisper to your Alcoholic, “you can have just one or two.” This happens more than you would think.

If more people knew this stuff, would an Alcoholic’s decision to **not** go to that open bar wedding reception while in early recovery be more respected?

And what is early recovery? How long does it last? It lasts until they are recovered. Unfortunately, this might be as difficult for your Alcoholic to determine as you. Your Alcoholic is not recovered once they feel a little better, because they don’t even know how good they can feel yet. They are not recovered when they can hold down a job, get a degree, buy a house . . . They *are* recovered when they can successfully and repeatedly get through all the good and bad seasons of their life without drinking. This is both literal and metaphorical; meaning, give it a year, at least. Early recovery is usually defined as 3-5 years, which makes sense if you consider the abuse was going on much longer.

Another common misunderstanding amongst many in sobriety programs is of the word Recovered. They say, “I don’t dare say I’m recovered. I’m never recovered from alcoholism. There is no cure . . .” And everyone sitting at the table nods in agreement. Which, of course, is a small pile of manure. Now they’re just playing mind games with themselves.

If one can’t recover, then what’s the point of Recovery? It’s all in how you look at it. In one of the most popular sobriety books on the planet, the big blue one, on the first page, in the first paragraph, it says, “[we are a group of people who have] **recovered** from a seemingly hopeless state of mind and body.” It’s funny how things can be overlooked through the years. But this point is important because it shows what the Alcoholic is trying to recover *from*. It’s about a state of health, not alcohol.

On the flip side, many think certain aspects of recovery happen quicker than they really do. Let’s take the biological detox for instance. Many think that after the initial symptoms like a hardcore hangover, shaky hands, nervousness, the inability to pass a breathalyzer, sleeplessness, and diminished appetite have somewhat subsided, it means their body has detoxed and they are ready to go back to work and get back to it. But ask your Alcoholic what happens when they do get back to busyness. Ask them how quick the anxiety and cravings kick back in when they start to get busy again.

How is the body going to detox after years of steady poisoning in

only a few days, or a week or two? It takes about ninety days for the body to totally detox: depending on diet, exercise, quality of water, rest, etc. And that's without mentioning the psychological, social (people are addictive), and spiritual detoxes.

What I mean by this is just because they feel a little better than when they were dancing on the blade of death does not mean their body has detoxed. That would be like buying a rundown, moldy, crusty, rusty, funky, bug infested crack-house and putting a coat of paint on it and saying, "Good enough. Let's move in."

And it isn't just the Alcoholic plight this applies to. Just recently, two people I know had severe breakdowns, like suicidal ideation and hospitalization type of breakdowns. Both left their few-day hospital stays with a bottle full of pills (which don't kick-in for a month I might add) and a couple sessions with a psychologist before heading back to the grind within a week! No other instruction, teaching, vitamins, dietary tweak, healing groups to join, nothing! Just take these pills, go home, get to your shrink appointments, cross your fingers, and if it doesn't work . . . come on back.

I know, I know. "Ya gotta pay the bills." But those bills don't matter much when you're dead. The irony is, obviously living is not on their list of priorities.

Yet many, including the Alcoholic themselves, expect the sufferer to get back to the grind asap, like it's some measure of how well their doing by how much stress they can tack back on.

And yes, I understand everyone thinks that the alcoholism has taken so much already, and now it's time to catch up. But is the recovery from other ailments viewed the same? Is winning the battle against cancer, kidney or heart disease, PTSD, Ebola, or necrotizing fasciitis measured by how fast the sufferer can get back to work, earn that degree, pay all their bills: or are they told to take as much time as they need to heal properly?

Reality check—alcohol related deaths do rank in the top 20 of worldwide killers. About three million per year. That average includes the countries that don't drink at all.

Now, as much as I would love to go on a long ass rant here, I'm going to stop. My point here is a lot of damage was done. A lot of healing needs to be done, and healing requires rest if someone is serious about recovery.

What if that was the problem for the Alcoholic who failed sobriety? What if they just didn't give it a little time? Just sayin'

A life hack to buy time when it comes to The Bills is to hurdle the taboo. Company bosses, landlords, banks, phone service providers, can be negotiated with for “a pass” while your Alcoholic is healing. While you *could* go the incognito route and tell them you have a family medical issue (keeping it vague), I’ve found the more effective route is full-open honesty.

They can be told your Alcoholic is recovering from alcoholism. You will be surprised how many people will bend over backwards when this is known; because remember, this affliction affects almost everyone, every household. When you let the taboo go, and begin talking about it, you will indeed find out how many people have either dealt with it in their social circles, or how many have recovered themselves. It’s like a hidden population within the population, and it is not small. Many have fought and are currently fighting this battle.

If more people—who want to help their Alcoholic—knew this stuff, would they be better prepared to keep their Alcoholic accountable during the early stages of their sobriety programs?

Accountability does not mean, “I’m going to keep an eye out for if they use again and punish them if they do.” Anybody can sit back and wait for someone else to screw up. That’s called supervision.

The definition of the word Account is - a record of debit and credit entries to cover transactions involving a particular item or a **particular person or concern**.

To assist in your understanding of that definition and how it pertains, think of debts and credits as energy, or money. Money represents energy. Jewels, Joule - the measuring unit of energy transferred to an object when work is done. Curren(t)cy, like an electrical current, or the current of a river, of which the “banks” of the river control the flow (of money). Everything is energy.

I know you just cocked your head a little at that one. Words are fun.

Helping your Alcoholic with accountability is more involved and includes some awareness of their energy flow, or accounting.

How about something like knowing what day and time their homegroup meeting is held and not letting anything get in the way of them going. This means, if something important to your Alcoholic’s wellness, like their homegroup, happens to be every Friday night, you do not make plans for your Alcoholic on that night, ever (or at least for the first year). You do not tell them to switch that night’s meeting for anything, or even hint at it. And if it looks like they forgot, like

they're not getting ready to go when they usually would, just ask them if they are going. But the first key here is to know they should even have a homegroup.

You catch onto their nuances, their thought patterns, energy levels, moods, and address your Alcoholic when they are too high or low. Sometimes you just gotta let people know what they are doing because rarely do people realize what they are doing while they are doing it.

It's taking account of where their energy is flowing. Is all their energy flowing towards their career, accolades, identity, politics, etc.; or is their attention and actions geared mostly towards healing, getting healthy, improving the bio/psycho/social/spiritual aspects of their being? Because that's how your Alcoholic will stay sober.

Once your Alcoholic has locked in that health model, built a solid foundation in the first year, all the other fancy stuff will come. . . and stay.

Like I've said a million times, getting sober is the easy part, staying sober takes some training, it takes some long-term attention. You could ask just about anyone to sprint to the end of their street and they wouldn't have much of a problem with it (sobering up) but ask them to run a marathon (sustained sobriety) and they'll tell you right where you can put that request.

Attention is a Human Being's most valuable resource. It's all that God wants from us. It's all the devil wants as well. Our attention is the currency of our soul. It's why you might hear your recoveree say something like *they had become spiritually bankrupt* (it's in that big blue book), because they spent most of their attention on a force that doesn't give back. (Feel free to highlight that one.)

Let me exemplify the accountability stuff.

These days, if they seek medical attention, your Alcoholic will most definitely be assigned a co-occurring disorder along with their substance abuse disorder. Usually, it's a mood disorder. Once again, think of moods as energy. This shouldn't be too difficult to comprehend if you've experienced any bouts of anxiety or depression (very vague umbrella terms) within yourself or another. The radiating energy from a person's mood is often quite palpable; not to mention, measurable by machines. Talk to a depressed person, then a happy person, and you will feel it—just make sure it's not a depressed person acting happy.

My personal, secondary, billable diagnosis was Bipolar Disorder. It can be characterized by bouts of uncontrollable high energy (mania)

and debilitating low energy (depression). But that is not how it's typically defined. If you want to confuse yourself, go ahead and look up the medical description.

During my health journey, as I became more aware of my Self, I discovered something about this so-called disorder of mine. While I still experienced varying levels of mania and depression, I found that the intensity of my moods had to be built-up.

I didn't just wake up one day, stub my toe and trigger a manic episode. I didn't just get the mail one day and see a pop-up expense and become depressed. It may have seemed like it, but when observed closely I could remember the hallmarks that lead up to the outcome from days and months before.

I would notice things like I had been eating a lot of fast food; or watching a gory series of shows; or allowing a narcissistic relative to get their supply from me; or staying too busy; or becoming consumed by how I was wronged by someone or something; or all the above.

Mania and depression are an outcome of a momentum. A momentum of current, of energy. Volts (energy), multiplied by Amps (momentum), equals Watts (workload). In the absence of something that resists the momentum (ohms), like a relaxing bath when anxious, or a close friend to kick your ass out of bed when depressed, or if the Resistors get worn out and faulty, the circuit can fry or trip the breaker. *Don't ask why I'm talking like an electrician.*

How about another one.

How much harder does a car engine need to work to get going after making a complete stop versus a rolling stop? How much harder do brakes need to work to slow a vehicle when going 70 mph versus 30 mph? A momentum that gets flowing too fast, or slows way down, can be difficult to rebalance.

Any triggering of a mental disorder is not how the episode (huge blinking symptom billboard) starts. The trigger is not the beginning; it's just the last straw that broke the camel's back. Multiple factors were building up to that moment. It's the same with almost all mental disorders. Even with the more severe, trauma-based ones. The trauma may have been the root or beginning of maladaptive coping. But the question is, what has the sufferer been doing with their trauma since it happened? Anyone can blame a past trauma for how they behave today. I could get into that more, but I don't want to veer too far off this road.

Without getting into things like parasympathetic and sympathetic

nervous states, food as energy, informational polarities, and so on: the easiest and most observable part of a person's energy management is the momentum.

You can tell where someone's energy is leaking by their activity (physical) and speech (mental). Not too complicated, right?

Onto my personal example.

I'm the type of guy that gets stuff done . . . like, seriously gets stuff done. I cook, clean, fix just about anything, know how to heal people, work, I'm pathologically punctual, listen to my wife (within reason), referee between her and her mother, and make darn-well sure our children are well taught, never ignored, clean, entertained, and disciplined. I'm fast, efficient, thorough, and I even shave and put product in my hair twice a week. I'm what some would call a busy body.

How do I do all this awesome? I have rules (resistors). I have rules to regulate my debts and credits of energy. I have rhythms for my activity and rest, both physical and mental. It's not just go-go-go until I get sick and need to take a drug to keep going at the same pace (with the exception of a morning cup of coffee). After the children are in bed, I am done for the day—until we had a second child . . . but still. I have strict sleep cycles. I keep a strict diet of healthy food balanced evenly with junky food (but it's all blessed). I drink little else but water (and coffee). My attention towards hot topics is regulated because I know I can get a little worked-up (amps). Sunlight, fresh air, truth, and trees are all in the equation. I have all these little things that govern where, when, and *why* my energy flows.

These things, these rules, come first. They are prioritized before everything else, even to this very day after years of sobriety; because I know if I become too off kilter, I quickly become of little use to anyone, and I suffer.

So, if I know I need to rest, but my 3-year-old daughter wants to go outside and play in the snow with me, I might have to tell her no for that day, so I don't burnout and miss three more days that I would get to play with her. Same with cooking meals. Anyone who cooks knows, it's a little more involved than turning on the oven. I am not going to plan, shop for ingredients, prep, cook, and clean up 21 meals for four people every week—frozen pizza is on the menu.

But I'm not perfect. I still lean a little too far on the balance beam from time to time. Life will bring on stormy weeks where my awesomeness is demanded in excess, much like when everyone in an

entire city turns on their air conditioning for the mid-summer heat. But I have people around me watching and nudging me back to baseline, even when I don't notice what I am doing.

My wife knows all these things about me well. She knows these things and respects them. It took some communication, honesty, and persistence, but she got it.

You see, I don't worry about drinking these days—at all. I don't worry about it because my momentum is caught before it reaches 100 mph. That's the whole 'which came first, the mental disorder or the addiction' thing. And I have people that can catch it if I don't.

Why, and how are they able to help me? Because I got to know thy self and communicated what I learned with the people close to me. I told them my weaknesses, I told them my vulnerabilities, and I let them know why I can't do certain things, like work 50 hours per week, party until 1 am, or even entertain a prestigious high paying career that requires dishonesty. It messes with my energy.

So, when my wife sees I can no longer sit still, that I am being too productive, that I'm obviously having racing thoughts because I'm talking fast and a lot, she simply tells me, "Sit your ass down. Go take a bath. You're building." Or something along those lines. *But I'm fairly certain she sometimes waits if the lawn needs to be mowed.*

That's one example of holding someone accountable. Accountability only matters before something bad happens. If you wait until after, the bad thing has already happened. *I know that sounds like common sense, but you'd be surprised.*

But it's not like you can force them to focus on anything. You can only watch and give them nudges. This observational approach is more for you than them. It conserves your own impatience and energy. If you see they know what they are supposed to be doing, but are continuously doing otherwise, you can draw back your efforts and wait for when they shift back.

Basic Pavlovian conditioning. Reward them with attention when they are on their game and withdraw when they're not. Notice it's not the other way around—attention for unwanted behavior.

This also explains why Alcoholic's like to isolate or stray from others who don't share the behavior. The isolation can be an intentional or unintentional—and *isolation* doesn't always mean alone. It can also mean they choose to only surround themselves with others who share the same maladaptive behaviors. You're Alcoholic will look for these people. And some will blame their use on these

friends. “Oh, I was with Craig ‘n them, and that’s just what we do.” *Talk about looking for (targeting things with the energy of their awareness) triggers and excuses to use a drug .*

In psycho-therapy treatment and counseling sessions the Alcoholic is often asked to identify their triggers and stay away from them. It’s not a bad thing to do or be aware of in early recovery—it’s a start . . . I guess. But it can also be useless because anything can become a trigger for an Alcoholic.

Their triggers can, and do, change. It can be frustrating for your Alcoholic if they are doing what they are being told, “identify and strategize for the people, places, and things that trigger an urge,” but find as they avoid these triggers that everything is an F’ing trigger! Back to square one.

First, one needs to figure out what’s getting triggered. It’s not the addiction. The addiction is the bullet, which does the damage. But that bullet was fired from something. The addiction is an expression for what’s getting triggered. A gun is what gets triggered, and the gun simply represents emotional health. Remember how I said, “The only thing standing between a survival trigger and a good or bad decision is the emotional center—and the lack of proper information.”?

Some common, addiction firing, triggers are payday, maybe a song that pops on the radio, a neighborhood they just so happened to drive through, a hot summer day. It can be anything. Even if they have strategized against a long list of triggers, anything else that’s not on their list can become another excuse for “getting triggered”. This will continue, until the gun is unloaded.

Have you ever snapped on someone? Maybe a telemarketer, or customer service representative? Was the anger released on that poor soul constituted by the situation, or was there a build up from other factors in your life that had absolutely nothing to do with the target of that explosion? It’s the exact same when an Alcoholic slips.

The question is not “what’s the trigger?” It’s, “what loaded the gun?” Without a loaded gun the trigger does nothing. Just a click.

How does one stop their gun from being loaded? By filling the chambers that the bullets would go into with wellness. Imagine one of those six shooter pistols with the spinning chambers. You stuff those holes with Biological, Psychological, Social, and Spiritual wellness. When the chambers are filled with these, you can pull that trigger all day and get no explosion.

So, don’t be fooled by your Alcoholic’s circumstances. If you are

close to them, and they are struggling, they may plea with you by complaining or listing their terrible circumstances. They will narrate a life scenario so stressful that it would be understandable for anyone to drink to cope.

Sometimes, this plea is an asking of permission to drink; sometimes it's a heads-up that they are about to, and they are telling you what they think are the reasons for why. They are telling you how loaded their gun is. They are telling you they have been focusing on problems, instead of healing, which was basically the original problem to begin with.

Getting mush-brain yet?

(you speak)

Are your thoughts fighting to figure out how this is all going to help?

(you speak)

I know some of you are asking, "how is this going to help me to get them to want to do any of this?" If so, you may need to switch your framework. You may need to switch it from trying to figure out how to fix them to how to help them heal. Nobody can fix another person's life, but if you can help them heal, they will fix their own.

The attitudes of "It's up to them . . . It's up to the doctors . . . Not my problem . . . They failed because they're just not ready," are obsolete; not to mention, downright lazy. So, if your Alcoholic is choosing to suffer longer, let's switch the focus to impacting the problem on a larger scale.

The concept of helping other people who have their own Alcoholic.

I would like to tell you something you already know. Life is weird, it's a small world. Who is to say that if you inject useful information into someone else's problem, it won't come back around? Who is to say if you shared the understandings (like the next suggestion I'm about to give you about couples) with your co-worker who's venting to you during lunch break about their alcoholic spouse, that your co-worker won't end up talking with someone who ends up talking with someone else who finds the right words to say at the right time to your Alcoholic on some random park bench?

I live in Minnesota, the frozen tundra, and people often get their car stuck in the snow. And there are a few righteous do-gooders that help push people out. Besides the glorious feeling of helping someone out, there's a karma attached to it. You never know if that person

might help push you, or your 16-year-old daughter, out of the snow someday. Favors to get paid forward.

And something else to think about is if you help someone else with their Alcoholic, is that not a win? Does that not add one more information spreader, or sober person, to the army?

Now this is all assuming that everyone is already on board with recovery—your Alcoholic, and *you*. Helping your Alcoholic is challenging enough if they are only teetering on the fence about staying stopped, but it does less good if you don't want them to stay totally sober either.

This section is for the people who just want their Alcoholic back the way they were. They want a reset button. This typically happens with couples, but it also happens with people who've been drinking together a long time. For illustrative purposes, I'll use couples as an example.

Let's pretend you don't mind frequently indulging in "good times" yourself, but it never negatively affected your life in a serious enough way to make you ever consider giving up The Party. You met someone at a bar or social function. They were fun and had almost all the qualities you were looking for in a companion. There was some chemistry: you two hit it off, hooked up, got involved, maybe even fell in love.

Then, at some point you noticed they drink differently than you. You didn't know it at first. You just thought they were a jolly ol' drinker. Ya' know, fun, but not too abnormal. Then you realized this person has a problem. They get sick. They miss work and obligations. It seriously effects their ability to "adult". The amounts they drink obviously affects their health, well-being, and moods. And you finally conclude that this person, who you care deeply about, has a drinking problem.

So, you start to figure things out. You begin to explore remedies to the problem, but you don't want them to quit entirely. That would be a bigger problem, wouldn't it? You just want them to be able to control it again. You pray they are not a full-blown Alcoholic. You pray they don't need to cease consumption of the magic potion forever.

Then the questions begin to waterfall in your mind. "How is this person's problem going to affect my lifestyle? How is their sobriety going to affect *my* party? All my friends and family drink. What will

everyone think? It takes a long time for Alcoholics to recover. It's a lot of work. Is it worth it? What if they keep relapsing? Is this person a liability? Do I need to stop drinking for them to be sober?"

If your lifestyle includes a significant amount of partying and you choose to stay with a recovering Alcoholic, that Party will change.

There is no option for your Alcoholic to get "it" back under control. Period. You don't get your drinking buddy back. The question is which is more important to *you*, your lifestyle, or this person? The bottom line is this. If you can't adjust your life a little, theirs won't budge.

Of course, nobody wants to quit, and nobody wants a close drinking partner to quit either. Nobody wants to lose that common bonding practice. Naturally, you want things to go back to the way they were when it was fun, when times were good, or at least tolerable.

You eventually adopted the same tactic as your Alcoholic. "I don't want them to quit entirely. Just get it under control. Just . . . not need to rely on it." Sounds like something your Alcoholic might say.

I know how much this type of bond means to someone who still likes to party, and there is nothing wrong with that. But it is imperative for you to wrap your head around the fact that you don't get them back the way they were if you want their recovery to be a success.

This part is tough because when your Alcoholic does get healthier, when they do recover, they still won't be the same person they were before. When your Alcoholic gets better it's by means of growth on multiple levels. They will change. Usually for the best, but sometimes it's not how you'd expect because everything about this person needed to shift for them to heal. A common, sobriety program, saying goes, "The only thing that needs to change is everything." It's just how it works.

Alcoholism is characterized by its progressiveness; meaning, it doesn't get better in the sense that your Alcoholic can return to a manner of better control (although it most likely never was). An Alcoholic gets "better" by learning how to enjoy life without it.

A common practice for an Alcoholic in early recovery is to start dating (too early). Addiction recovery can be a lonely place. To quell this discomfort, an easy fix is to cling to others. When I was in early recovery and began to date again, I was careful, to the extent that my first dates resembled a job interview. Not the most romantic, but I had to screen somehow. Many passed the interview with answers like, "I only drink occasionally," "I don't go out every weekend," and so on.

With most, it only took a few weeks to find that my sobriety bothered them, despite them knowing from the get-go I was totally dry. What they overlooked was that they had never been in a romantic relationship with someone who didn't drink at all and didn't realize how involved they themselves were with the great obsession.

I will give them credit; they were willing to try. They may have believed that, since they weren't a raging Alcoholic themselves, it wouldn't be so bad. But as much as they didn't want it to, it interfered with how they operated. It interfered with how they relaxed. It interfered with how they got horny. It interfered with how they socialized. It interfered with how they looked at their own habit.

How do I know these relationships didn't end simply because they thought I was a butthead? Because in most, we tried. We tried *me* drinking too. And when they witnessed a relapse, when it got real, when they realized, "yup, this dude can't drink," it was dunzo, no matter how good it was prior to that.

This was not their fault by any means. Yes, there was big pressure for me to drink, and sometimes I would relapse just because I knew I was going to lose the relationship if I didn't, an attempt to give them what they wanted—a drinking partner. But it was not their fault. Although I had been sober when I met these women, although it appeared as if I had my hot mess of a life steam cleaned, I was still operating at my alcoholic vibration, and thus, attracted these women into my life. *Magnets*.

Therefore, it's recommended that a recoveree wait one full year to date, so they don't keep choosing the same relationships as when they were using.

After I waited and worked on myself for one full year before dating (or close enough), I changed my strategy.

Many sufferers in early recovery aim for dating someone who is in a sober program or in recovery too, believing a partner who shares their plight would understand them better. I never liked that idea. Why double the chances of a relapse within a relationship? *I know how pessimistic that sounds*.

The only option after that was to date a Normy. I figured I would never need to worry about a Normy relapsing or partying too regularly.

I found my Normy in an online dating site. I wasn't too keen on this style of meeting people, but when you're sober the options for meeting potential partners dwindles a bit.

In the early stages of our relationship, she understandably wanted to show me off at all her social events. She wanted me involved in her life as much as possible. While she wasn't an Alcoholic by any definition, she did have some friends that were. A lot of the places she wanted to bring me were straight up drinking parties. It wasn't often, and it certainly wasn't every weekend, but the situations did arise.

I had no problem going to these wedding receptions, class reunions, and bar hopping birthday parties . . . most of the time. I knew how to have fun while sober, even when surrounded by people who are using alcohol to do so. I can even dance in public sober, and that's saying a lot. But I was grounded in my health enough to know when I shouldn't. I knew the days I was weak. I knew when I was tired, stressed, and thirsty. And so, I would sometimes decline and tell her I couldn't go; or I would sometimes want to leave the party early.

Even she, a Normy, started getting sick of missing out because of me. If I wanted to leave a social function early—after already being there for three hours, but right when the heavy drinking began—I would indeed get put on the spot during the goodbyes, “he wants to go. . .,” despite her having been staring at her phone the last thirty minutes before I mentioned leaving (meaning she was bored also but wanted to stay because she didn't want to miss out on the booze-fueled fun).

If you want an in depth feel for some of the experiential challenges an Alcoholic in early recovery faces, check out the book, Early Recovery from Addiction: What I Would Tell Myself if I Could Go Back.

I remember there was this one Friday night when my girlfriend, now-wife, had plans for us to go out with a particular group of her friends. She was looking forward to it all week. I would classify this group of friends as raging partiers. Their idea of a good time was to go to downtown Minneapolis and barhop.

They did not accomplish this in a casual manner; no, they were serious with their mission. This group's objective was to get to as many bars as possible before one of them passed out or got lost. They would go to these bars that were so loud you could not hear anything anyone was saying, slam a few shots, flirt a little, and after about twenty minutes take a selfie and off to the next bar. When the mission was complete, and they found some way to all meet back home, it was nothing but fights and vomiting for the rest of the night. The definition of “white girl wasted”. Back in my party days I was pretty-hardcore,

but even from that perspective I really couldn't see the point.

I had already been sobered for quite some time, but I had a hard week. I was exhausted, frustrated with some work stuff, slightly dehydrated, and it was one of those hot summer nights that will make anyone a little "thirsty". I knew I was vulnerable, so I told her I didn't want to go.

I'm going to interrupt my story to explain something. You may have, or possibly will hear someone from a sobriety program say the acronym H.A.L.T. It stands for Hungry, Angry, Lonely, Tired. It's a hack for a sober person to cut off a craving before they pick up a drink. If a person in recovery starts to get the drinkin' thinkin' they are supposed to pause and ask themselves, "Am I Hungry, Angry, Lonely, or Tired?" If so, these triggers are to be addressed, and the craving will likely dissipate. Simple little formula, huh?

It's the strategy for checking one's self—for checking in with Scaredy Cat—before reaching for their former default solution to an easily solvable problem. But I need to interrupt my interruption by reiterating that this is not easy to remember. It's a challenge for most in recovery to remember to do something such as this when they don't know why they need to do it or if they don't know how it helps or works.

While this H.A.L.T. strategy is touted across the globe and sworn to be effective by all who remember to implement the technique, I have yet to meet someone who knows why. If the recoveree does not know why this strategy is so important, the reflex to use this technique can be easily negated with a little peer pressure.

Think about how people, who don't suffer from alcoholism, often solve this exact same problem. After a long and stressful day, or work week, they can be Hungry (fast-food malnourishment, or dehydrated), Angry/Stressed (non-stop, overwhelming obligations, frustration = Anger), Lonely (lots of superficial interaction, not enough laughs), Tired/Exhausted (poor sleep, or draining routines, lack of downtime or rejuvenating leisure). Then it's the weekend.

Ya gotta fit all the fun and stuff into two days. But one cannot have fun unless they're already in a joyful state. But it's difficult to be in a joyful state if one is lacking their survival essentials. Lack of essentials brings fear and anxiety. But, of course, there's a quick chemical hack to get around this to have fun when one believes that fun solves the original discomfort.

The tricky part is that fun does effectively distract, but it's

temporary. Then the sufferer is left with the same mess as they had before the fun, and with a hangover to boot. A hangover after getting a poor night's sleep, hungry and dehydrated, and wondering if they know the name of the person they lay next to . . .

You see, there's another route to solve the H.A.L.T. problem. If someone has H.A.L.T. symptoms (or any Scaredy Cat symptoms), they can choose to address them right then and there. Instead of forcing the Fun with a magical potion (all magic comes at a cost) because they "deserve it", they can get some rest, rehydrate, meditate, and decompress, get some nutrition in their belly, talk to a friend for a bit; then wake the next day singing and bopping in the kitchen while flipping some pancakes; or get outside and absorb some sunlight on a hike; or tackle a project in a grounded and more joyful state, and maybe go out the next night when less chemical manipulation is needed for the fun.

If one chooses to temporarily resolve their H.A.L.T. symptoms with a chemical party, how much fun can the next day be? I'm not saying it's impossible, but would cooking breakfast be more of a chore with a hangover? How does that hike in the sun feel? How does doing anything feel while H.A.L.T. symptoms have been exacerbated by a popular means to subvert them?

I knew an Alcoholic who loved riding bicycles. He told me that after super long bike races the audience and racers would party hard. He told me most people in the party crowd would get wasted after a whole day out in the elements and racers exerting their pedals far longer distances than I would personally care to.

I'm not judging their celebration. I'm simply pointing out basic common health sense. After strenuous activity, would it not be wiser to do something like rest and rehydrate and replace expended nutrients and electrolytes instead of staying up late and drinking poison.

This whole concept of pacifying H.A.L.T symptoms is also why people pre-party, start drinking before they get to the main event. *Some say it's to save money, and that's a whole indicator itself.* Without bypassing Scaredy Cat's alarms, it would be too difficult to have fun. The pre-party is a means to chemically force the needle on the state of Joy so when they do get to the party they can engage in the fun. Otherwise, they would need to do what The Drinkers call "catching up", which is slamming the first couple-few drinks fast.

Sorry for the tangent. Back to my story.

After I told her that I didn't feel like attending the drinking party,

she did what most women do when they don't get their way. . . I don't think I need to explain. So, I rephrased my resistance and told her, "It's not that I don't want to go, but I can't." I told her if I go along with her it will be a challenge to resist drinking, because that's all this group of friends does—shots, shots, and more shots.

She said, "Well, you're going to have to learn how to be around it at some point. You can't just hide from people drinking forever."

I explained to her what the H.A.L.T strategy was and why it works. She understood, but that did not negate the fact that she was looking forward to a night out on the town with her friends. I caved and went with. It was a challenging night.

This woman loved me very much, and she is one of the most unselfish people I had ever met. But even she did not want to miss the party. She didn't want to miss out on the fun her friends were going to have without her, and she didn't know it at the time, but she didn't want to stop getting invited because that's ultimately what happens when you stay with a sober person.

When the drinking herd catches wind that you or your spouse doesn't party like they do, the invitations for the "real good time" stop flowing. You will be invited to the dinner, but not the after-party.

You could keep dragging your Alcoholic along to fully include them in your lifestyle while hoping they find a cure that will allow them to control their drinking someday. Or you could just leave them at home, leave them to do their own thing, repeatedly, while you go and indulge yourself with the way you favor to spend the evening. But simple logic can foretell the outcome of this type of selfishness overtime.

And for those who think they can sit at home and get wasted in front of their Alcoholic, or constantly throw drinking parties . . . well, you're just evil. If you yourself don't have anyone in your social circles who can let loose without a chemical assist, you may need to ask yourself why? Why do you and everyone you know need to be drunk or "buzzed" to howl at the moon?

Like I said before, try checking out a sober event and see how much fun people can be without it.

This next example is a "for a friend" scenario.

My wife and I had a friend who liked to party. She was a successful career woman but had borderline alcoholic issues herself for a couple decades—meaning, she could get white-girl-wasted on the weekends and vacations but shake it off for the work week. She was functional,

and she was indeed a member of the group I just described.

Sidenote: Although my wife had no drinking problem of her own, she did tend to attract drinkers into her life. Opposites attract. Many fall into this category, and I will address it later.

She met a guy . . . fresh out of prison on meth charges but says he's totally on board the sober boat. One evening, she came over for dinner, started to talk about him, and brought up her future concern over the possibility of him slipping and using meth again someday, relapsing. She was basically asking if she was wasting her time.

I asked if he parties with her, if he drinks with her, and goes out with her to the hotspots on the weekends. She said yes. I told her he already slipped.

She said, "But he only drinks and his drug of choice is meth, not alcohol."

I asked her, "You know my drug of choice was alcohol, right?"

"Yeah."

Then I spelled it out. "So, it's fine if I use meth? Am I sober if I use meth?"

This is when begin to regret talking to me, but for some reason they do anyway.

She then said, "But alcohol isn't as bad as meth."

And, of course, this is what most believe.

So, I told her a quick story. "Back in my party days, I was pretty-hardcore. I didn't only drink, I indulged in plenty of other party-favors too. I did a ton of coke, and I'm not talking about mixed drinks. I snorted copious amounts of cocaine and smoked more than my share of crack; for years, but never got hooked. Granted, I did all this coke so I could drink more, so I wouldn't pass out and to keep the party going. But my point is, I could keep up with the addicts, but never got addicted to what you would call a more dangerous drug. I could drop it anytime I wished. That's why they call it Drug of Choice."

To interrupt my story. Technically, if I wasn't overindulging with meth, I would still be sober by definition . . . technically. But I like to challenge people's beliefs, get them thinking a different way than they are comfortable with.

I continued. "So, let me ask you again. If you and my wife were drinking wine right now, and I took a hit of meth at this table, would I be sober?"

"Damn Jeff."

That was just the primer for the crash course she was about to

receive.

“Okay, let’s pretend that what I just said doesn’t really matter. He says he’s been sober, for how long?” I asked.

“Two years.”

“And a chunk of that was while he was in jail?”

“He was in jail for 18 months. But you can get any drug in jail if you want,” she said.

“True, you can. You also have officers walking around everywhere, cameras, bunk tosses, U.A.s, more time hanging over your head if you get caught, no job or other outside-world stresses, and no party to go to. Not so much fun to get messed up in jail. It’s easier to stay sober than when you’re alone at home. Personally, when someone says ‘jailtime counts,’ I say bullshit. So, two years sober means he’s been out for six months. But is he still on paper?” (On paper means they are still being supervised by a probation officer.)

With some disappointment developing in her voice, she answered, “He’s done in about two weeks.”

“Okay, so he’s been out for six months, hasn’t stayed sober, but has refrained from using his favorite. He’s still on paper, which means he still needs to see his PO and gets random drug tests . . . and has jail time hanging over his head if he were to get caught.”

“Yeah.”

“None of that is bad, and I’m not saying he’s going to start using meth when he gets off paper. He could just as easily have turned a new leaf. So, let’s look at his program. What’s he doing to stay sober, like does he go to meetings?”

“Yeah. I know he goes to meetings. He needs to get a slip sign for his PO.”

“So, it’s a probation requirement?”

“I guess.”

“Does he go to more than the minimal requirement. Does he go more than once a week?”

“Not really. Sometimes he asks me—”

“—to forge his slip. I know,” I interrupted. “Does he at least attend these meetings as often as he drinks with you?”

“Grrr.”

“Does he have a sponsor?”

“I don’t know!”

“Okay, I’ll stop. I’m not shedding light on anything you don’t already know. You did some of the program yourself once. Did you

do it with a sponsor, have a home group, complete The Steps, and all that stuff?”

“Not really.”

“How long did you stay sober?”

“Six months.” That’s when she saw it. “Dammit Jeff. I really like this guy!”

“Good! That means you can be the one to help him stay sober. You know what that means, right?”

It was at this point she realized she would need to adjust her own lifestyle to keep this guy. I could see it play out in her mind. It’s not a fun realization for anyone.

I’m not always this brutal when I talk to people about this topic, but it’s close. And in this case, I already knew how bad *she* was. I noticed her shaky hands, hypertensive face, and broken voice. She always tried to sober up around my wife and I; probably the reason why we hadn’t seen her for a year before that day. But here we have an Alcoholic worried about someone else’s meth problem.

We changed the subject and finished the dinner. When I walked her to her car, we had another talk where she described her own concern over her own drinking and how she’s been getting more anxious and nervous when she’s sober during the workweek, and now taking meds for it (the mental disorder symptoms).

While she explained her new mental health diagnosis and treatment to me, I could see her self-delusion melt. Her poker-face broke as she realized who she was talking to, and in that moment, the veil she had pulled over her own eyes was lifted.

I just told her that her current trajectory gets worse, not better, she knows what to do, and that I’m just a phone call away.

People who drink too much often make it about a medical condition. Not substance abuse disorder, but an anxiety disorder. Anxiety is not a disorder, it’s an indicator. Nevertheless, people have been well trained to diagnosis it as an excuse to take more drugs.

They say it’s because they suffer from anxiety. But as I explained before, alcohol is effective at suppressing anxiety. If you take it away, what are you left with?

(you speak)

Much of their anxiety comes from the absence of what they use to suppress its symptoms. But still, many fall for the excuse because they can relate.

Chapter 13 SHOEHORN

Step out of your own shoes.

What I mean by stepping out of your own shoes is, don't be fooled by your Alcoholic's life circumstances.

Chances are your Alcoholic did some damage and must deal with some additional stresses (responsibilities and consequences that were ignored while they were using). They can be stuck in a precarious situation, one which almost anyone would deem drinking a necessity to cope with, and a diagnostic excuse like anxiety is the most relatable because almost everyone has it to some degree. Most people simply get used teetering tottering on the tipping point.

At some point, your Alcoholic may describe these life circumstances to you—like a death in the family, compounded by their car breaking down, and maybe throw in some past trauma for good measure—as a great excuse to have a couple drinks. Their plea will be “understandable” in most eyes. Even you would want some drinks if you were in their shoes.

This is called sympathy. This is the type of stuff that makes people procrastinate action regarding their Alcoholic; or make excuses for why their Alcoholic is not moving forward. This is the type of stuff that makes people say, “this is not the time ... they are not ready ... it will be easier for them when circumstances get better”

Sympathy to address an issue can be stifling, and often selfish. Sympathy is why people throw money at bums holding a sign on the freeway off-ramp. They see an advertisement for suffering and want to rid the emotion it triggers within themselves. So, they throw a couple dollars at the cardboard sign to make themselves feel better and resume their merry day.

But this action does not help the bum in any other way than bringing them back to the corner with their sign the next day. No bum has ever said that all those charitable donations from strangers got them off that corner. They say, it gave them a corner office. (Get it?)

But you would have needed to sit down and talk with a bum to know that.

Sympathy often leads to acts of pity—a disengaged and urgent remedy to the immediate uncomfortable emotions experienced by both parties—when the sympathizer doesn't know what else to do.

Then, there's sympathy's badass cousin, Empathy.

Empathy leads to acts of compassion. Far more engaging and uncomfortable, yet far more effective. Notice the word compassion has the word passion in it, like being passionate about something, like a cause. Is there passion behind a street corner donation, or is the donator just being nice?

Sympathy is walking past someone drowning in a pool of misery and tossing them a floaty, but ignoring their chain bound ankles.

Empathy is telling the person who is struggling that, when they stop splashing, they can see a platform to stand on right in front of them. Then diving into that pool, handing them a saw, and helping them cut.

Sympathy is, "Aww you poor soul, what can I do to make you feel better right now so I don't feel bad too."

Empathy is, "That's a crappy situation, could have happened to any of us. Let's see how you got here and if we can change it; that is, if you want to."

Sympathy is a kiss on the boo boo. "That big bad bubble bee is a meany! It should have never flown at you and stung you."

Empathy is, "That'll learn ya. Quit poking the hive with a stick."

Sympathy is a feminine reaction and has its place. A nurturing comfort helps with the immediate situation. It's supportive but can stagnate without the complimentary force of masculine action.

A man and a woman are driving down the road out in the middle of nowhere and see someone stranded and crying because they got a flat tire. The man has gotten flats and fixed them before. He asks the skinny high school girl to pop the trunk so he can grab the spare. The man's wife goes to the girl and gives her a hug. Both have their purpose, but one gets the girl to where she needs to go.

However, the woman's sympathy most likely motivated the man to pull over and perform the compassionate act in the first place. And the woman's hug does not need to remain in the realm of pity if she advises the girl to watch how the man changes the tire in case it happens again.

See how they can work together?

But what if you don't know how to change a tire, or forgot?

That example was a metaphor, obviously, for meeting your sufferer where they are at—which is another confusing term, often misunderstood as, “working with them on what they are ready for.” Which is nothing more than a sales ploy for comfort.

Truly meeting someone “where *they* are at” is *you* going closer to where they are, instead of telling them to just come to you. Kind of like why Jesus hung out in brothels and not some decked out chapel.

When it comes to this topic of meeting someone where they are at, you must be able to match your wavelength to your Alcoholic's wavelength. Until this is accomplished, both you and your Alcoholic's two-way radio transceivers (psychic walkie talkie frequencies) are on different channels. All that's heard is static and mumbles.

Imagine a well-to-do, silver-spoon fed, trust fund millionaire trying to break down the psychological walls and reach someone who grew up in the slums. Are either of them going to be able to hear what the other is saying? Probably not. But a self-made millionaire who grew up in the slums . . . probably yes.

This communication problem is simply fixed by experience.

Let's start with how it feels when an addict goes through intense cravings.

You can experience physical withdrawal symptoms by simply catching a bad case of the Flu.

Remember when you were younger and would go swimming and held your breath under water? Whether you were in the shallow end of a swimming pool, a lake, or maybe even the bathtub, at some point you tested your lungs. At some point you dunked your head under the water and held yourself there to see how long you could last, maybe even to the extent that you waited until your lungs jerked for air before kicking off the floor and popping back up.

That feeling you get the moment before you can't take it anymore, that moment when your lungs are going to suck air knowing you'll take in water too; take that moment of panic and extend it to an hour. Now the whole day. Now, imagine a week of that feeling. That's what your Alcoholic feels during their first week when they dry-out.

This water experiment resembles how it feels for *you* if you want to take the edge off your burdens with a couple cocktails. It's sounds like an extreme example, but the point is that you know you can reach

for a quick chemical relief without severe negative consequences if you needed to. You can break surface for air anytime you want.

Now, if you want to know what it's like for your Alcoholic after they quit drinking and are trying to **stay** sober, imagine the same breath-denying stunt in the middle of the deep end of the pool, but whenever you try to break surface and gulp some air someone shoves you back down. This resembles how they feel until they learn there's a platform to stand on two feet in front of them. They simply had nobody to show them where it is yet.

In the first scenario (the shallow end), if things in life get tough, you have the option to medicate with one of the most effective, readily available, socially acceptable, anxiety symptom relieving drugs on the market—you get to come up for air anytime you want. In the second scenario, the Alcoholic has most likely only heard that when life gets tough, they need to learn how to breathe under water.

If you're not a total idiot, go ahead and retry the first breath-holding scenario in a shallow pool or bathtub to refresh your memory of the panicked sensation. *Just remember to not have any electronics nearby, have a CPR certified lifeguard at the ready, and consult your physician first.*

Here's another one for you to **do** (no trying).

Oh, I'm so excited for this next part. You are going to love this.

Remember what you are asking your Alcoholic to do, then do the same yourself. An Alcoholic will not respond well to being addressed about their situation from a forty-five-degree angle. You need to get on the same level.

To do this, you need to quite one of your own addictions—everyone's got one or two. Your addiction is not as bad as theirs; so, to take some of the sting out, we'll call yours a vice. It can be anything: alcohol, marijuana, a person, smart phone, social media, sugar, gossip, eating boogers, caffeine, nicotine, lying, working too much, and so on.

This next part is important.

I am not suggesting you quite the vice that you are *ready* to quit, because your Alcoholic is never going to be ready to quit drinking. You'll know which vice is the right one when a soft voice whispers to you, "That's the one you need to quit." Then immediately after that whisper, another, much louder voice will contradict what the soft voice recommended with bunch of excuses as to why you can't quit that one right now. That's the one you'll need to quit. Believe me, it

won't be convenient—that's kinda the point.

For example, Soft voice says, "Yep, social media, that's the one. You have been needing to cut down on that for a long time now."

And then Loud voice retorts, "You need that for work! You need that to stay in touch! You need that to go to the bathroom. You need it to decompress. You . . . you . . . you just need it!"

The more extreme the better. If working an ungodly number of hours is your vice (this is a tough one), it will require some big changes. Believe me, an Alcoholic can think of just as many good excuses to drink as you can think of to work yourself to death.

It gets worse.

Don't quite your addiction for only a week. That's just the spin-dry. Remember my spin-dry explanation? You are going to quit for one full year.

Who am I to tell you, the reader, that you need to change something in your life? You could ask yourself the same question when it comes to your Alcoholic. Aha! "Ye without sin . . ." and all that jazz.

I've heard it all before. "But my vice is different. But just because they need to quit doesn't mean I need to. But why . . . But . . . But . . . But it's not the same!

I know. I'm an evil, evil man.

You need to get the idea that it's a pissing match out of your head.

Your Quit is not for the purpose of saying, "Look! I'm doing this, now you do that." The reason to do a hard quit is to meet them where they are at.

At this point, many reading this book have slammed it shut, tossed it at the cat in disappointment, and started looking for the receipt to get refunded. Good! Those people have no business telling an Alcoholic to quit something for their entire life when they are not willing to give up a simple little bad habit themselves. And still many others will choose the same route their Alcoholic chose—to simply skip the parts they don't like and move on to a possibly easier solution.

What's the difference between telling someone to deep clean their entire home verses picking up a mop and doing it with them? Narcissism, it's called narcissism. This is a big reason why Alcoholics get pawned off to the professionals. Nobody wants to change their own paradigms. Do you want to help your Alcoholic, or just have them stop troubling you?

When you do the Quit, it will allow you to relate to your Alcoholic,

and help you to work *with* them, instead of just being another person telling them what to do, or just another person letting them kinda sorta figure somethings out on their own. You can work with them because you'll be figuring it out and experiencing it also.

You don't need to tell them *what* you're quitting (shucks, it might be them you're quitting) although it will most likely come up in conversation organically and it will be felt by your Alcoholic via the vibrations coming out of your throat (speech).

All your words will be chosen differently, causing an instant connection with your Alcoholic very few are willing to achieve. It helps you relate to their situation. The little things will stand out, like finding certain things trigger a craving for your vice. Maybe some of those triggers are something your Alcoholic does, maybe some things trigger both of you; or maybe you come to realize that some of the things you do trigger them.

Then, as you learn to unload your gun, you model how to do it for others. You become the model! You become the teacher who practices what they preach. You can throw all the information and philosophy you want at someone and it won't connect unless you are doing it yourself, currently.

This act will help you understand your Alcoholic's plight on an astronomical level (you can't fight something if you don't understand it), which alters the dynamics of the relationship to help accomplish a goal with far less conflict and negotiations and ultimatums, and at the same time, improve your own wellness.

A bonus, from a strategical standpoint, if you are close to your Alcoholic, is that doing a quit also removes their leverage and their justification to not take your advice. "Why should I listen to you when you can't quit smoking?", or whatever.

For instance, I smoke. Love it! But I know I can't ask my wife to quit staring at her brainwashing palm screen device until I quit smoking. She knows my history. She knows how many things I've quit, but it will make no difference today when it comes to these habits. Not only will she use my smoking habit against me every time I suggest she put down the phone, but I also ask her to put the phone down less because I know I'm going to want a smoke in an hour and don't want to hear it myself.

That means even if you kicked an addiction in the past, it's best practice to be fully engaged in doing what you are asking someone else to do currently. It just works better.

This is the same reason company moral is picked up when the owner of that company gets in the ditches with the employees occasionally. Everyone knows the boss has earned their stripes, but it's still nice to see them on the same level. It's nice to see that the big dog who is asking the workers to do stuff can still get shoulder to shoulder.

For those reading who have an Alcoholic who denies they have a problem. Yep, you're reading about the way to reach them. No easy button. You have been asking people to help. Asking for The Trick. You have found it.

So many people have come to me asking for help with their Alcoholic, and when the prescription gets anywhere near this point, they stomp the brake pedal. If your Alcoholic is surrounded by these types of people, it's no wonder why they might like to drink.

I know that sounded harsh. Who am I to judge? (That was my left hook.)

Back to energetic vibes . . . and magnets.

All this new understanding, this play of new instruments and attuning your empathic vibration to your Alcoholic, positions you closer to them. If you were in the shallow end of a pool, while they struggle in the deep, it puts you closer to *them*, not the other way around. You go to them, towards the deep end, instead of telling them to come closer to you.

And this needs to be done because your Alcoholic can't hear or see you in the shallow end, you're too far away, you're in a different dimension, and because of this, you're simply talking to a mental brick wall that stands between the two of you. But, with the action of changing the dynamic of your own life, you can get closer, maybe close enough to grasp their hand and pull them into the shallows if given the chance.

This is the reason why programs created and operated by Alcoholics are so successful at getting a sincere recoveree to stay sober. The sober Alcoholic can go to the deep end whenever they see an Alcoholic clawing water, because they had been there before, and the one who needs help knows it intuitively.

We talk to each other differently, and not just in meetings. Not only that, but by someone simply being at a meeting means they are working on the same thing your Alcoholic will work on. They will be asked to join the team.

They need to somehow be motivated to stop splashing—out of fear—and reach for your extended hand. Fear is what keeps them in the deep end. The only thing that will overcome fear is a certain biproduct of love . . . which is pain.

I am counting on the pain you are currently experiencing from witnessing your loved one slowly destroy their world to motivate *you* to overcome your own fears and do the uncomfortable things which need to be done for you to help your Alcoholic shift their direction.

You can't tell *them* to change. Your best bet for getting someone else to change is to change yourself. I know that's not what anyone wants to hear, but I also know that many are willing to try if they know what they are supposed to do and whether it will help.

Chapter 14 AUDACITY

While you are getting closer to where your Alcoholic is at, the right words will sprout from your heart. Ideas of clever things to say to your Alcoholic will grow and bud. However, we all know that the journey from idea to speech can do some damage to the message. You can have something awesome to say but it just doesn't come out quite right. "That sounded way different in my head."

You practice. You speak it out loud in private before you try it on your Alcoholic. You do this because you don't want to sound like an idiot when your chance arises, and your chance will arise, so be prepared when it does because you may only have a few minutes of fertile soil to plant a seed.

It's not a speech you are practicing, per say. Speeches are fine when addressing a crowd, but a conversation is much different. Speeches never go as planned when talking to an individual, unless you're just yelling at them, but we're trying to avoid that route.

So, what are you going to say? What information do you want your Alcoholic to know? Consider multiple situations. Run the plot through your mind. If your Alcoholic happens to be eating breakfast with you and they're all sorts of hungover, and they just so happen to crack the door open a little by saying, "I gotta cut this crap out." What are you going to say? Is your big one-two punch just going to be, "Yup."?

Now that you know a little somethin' somethin' about addiction and recovery, a hundred ideas might come to mind. But what do you say, and how do you say it?

If your Alcoholic mumbles something like, "I just don't know why I can't stop," and you want to bust out the phrase, "Ya know, it's not even alcohol you're hooked on," what are you going to follow that statement up with? If you fumble words and the sentences come out incoherently, or you tell them to read this awesome book and hand it to them, you've missed the mark.

But, if you can manage to blast them with some truth, as I have to

you, a glimmer of hope might whiten their eyes; but ya gotta sound like you know what you're talking about, at least enough for them to get interested.

What if you are at a wedding reception and you notice someone who is newly sober getting anxious, sweaty, and repeatedly looking at the open bar while licking their lips? (Practice opportunity.) Are you going to look at your watch to time how long it takes before that person breaks, or are you going to go sit with them and say. . .?

You read the information more than once. Fact-check it if you think I'm nuts. Do a little extra research. Get alternative views. Listen to other people's words about the topic. Make it your *thing*. Rehearse what you will say to your Alcoholic if the opportunity arises.

When you talk to other people—maybe others who share the same dilemma as you—about what you have learned, you are essentially rehearsing what you would say to your Alcoholic. Rehearse it out loud on a walk as if you're going to audition for a part in an upcoming movie.

You most likely can't enchant your audience with fancy degrees and a career in the recovery field, so you may as well sound like you know something useful, like maybe you heard it from someone with fancy degrees (but you didn't. . . he, he, he).

Even if your Alcoholic can't totally grasp what you're saying right away, it doesn't matter. If you can articulate just one concept succinctly, if you can inject some practical and applicable information that they have never heard before, instead of guessing and jumbling your words, you will have their attention. Like a prisoner hearing about someone escaping, hope will rise.

Timing is important in this matter, and it can't be forced.

There are billionaire CEOs who have astro-tarot mystiques on retainer just for this purpose of Timing. The timing is carefully considered when they want to launch a new product, do a takeover, make a merger, and so on. No, I'm not joking. It's a "thing".

I bring this up because of the speech thing. If you practice, you might get a little worked up and impatient with the delivery. You don't need to corner your Alcoholic and tie them to a chair in front of PowerPoint presentation when *you're* ready.

You bite your time, but don't hesitate to break the ice.

How do you know it's the right time? I mean, not all of us can retain a wizard. There is another way to do this, it's called intuition.

When you are confident with your words (after some practice) and

your Alcoholic says something in conversation, or does something, or is in a receptive state, your inner Arnold Schwarzenegger voice will yell, “Dew iit! Dew it noow! Get to the choppa!”

The ice breaker will be random, but the follow through should be effortless like and athlete who had been practicing a special move during the off season.

Imagine an athlete who had been practicing their special move. When they get to a real game, they don’t just start whipping out the special move whenever they feel like it. They need to wait. The athlete must play as usual, waiting for the setup. Eventually the other players will fall into place. Eventually the opportunity will arise. Then BAM!

Eventually *you* will have the right setup (and hopefully ten special moves at the ready, like water). Your Alcoholic, or any other person dealing with an Alcoholic, will ask the right question, or say the right words that open that door for you to step in and change the game.

Your Alcoholic says, “I don’t get it. I stayed sober for three months. A few weeks ago, I had a couple drinks, just to see, and I was fine. Then I tried it again last night and now I can’t think about anything but drinking.”

You say, “After three drinks the excessive amount of acetaldehyde got all freaky with your neurotransmitters and created a high-powered narcotic painkiller in your brain called tetrahydroisoquinoline.”

Your Alcoholic says, “Wha . . .?”

Now that’s an ice breaker!

Or, a coworker says, “My husband drank too much last weekend and didn’t go to work on Monday and lost his job. He’s such a loser, but he’s just not ready to quit.”

You say, “Karen, we got here forty-five minutes ago and you’re on your fifth drink. . .”

This sort of thing takes patience. So, while you’re waiting to whip out your new moves on your Alcoholic (or coworker, or whoever), you practice for boldness.

It’s these little things, this timing, mixed with your new connection with your Alcoholic, that just might be enough to get them to be completely honest with someone about their addiction.

I cannot begin to describe how magnificent a well-timed comment can be. Words truly do hold power. Your words and thoughts hold power.

Like in a situation where you are driving your Alcoholic to a treatment center. Instead of repeating the old script in your mind,

“Hope this works. I hope this works. I hope this works,” while your Alcoholic is sitting there sweating and holding in their spackle because they’re scared out of their mind. You can say something like, “We’ll get through this.”

Do you see how those four words can change everything? “We.” They are not alone in this. You are not sending them off to war alone. This might be the first time your Alcoholic has ever heard this.

A statement like this could stay with them for years (because we sure know the opposite has), and the next time they’re all stressed out and in a tough spot while sober (at that one- or two-months mark when they usually relapse) that phrase might repeat in their mind, “We’ll get through this.” Sometimes it only takes a little nudge on the back to get someone to take a step forward. But if there’s nobody behind them . . .

And this is how you need to start thinking—that the two of you are on the same team, that your Alcoholic is not the only one with the problem, that you will figure it out together—as in, you will be going through the same motions they will need to go through. It not only helps when opportunities arise, it helps the opportunity arise itself.

The person is not the enemy, what they’re afflicted with is. Nobody chose to be an Alcoholic when they grow up. Nobody chooses their genetics or environment. What has happened to them was not a choice, and if you get deep enough into the psychology of it all, their prior refusals to listen to reason were really quite reasonable considering the lack of proper data they were presented with.

Chapter 15 FLIPPING THE SCRIPT

The sad reality is, sometimes, no matter what you do or say, your Alcoholic doesn't change, or at least change their mind in a timely manner. What you are doing for *them* is performing the craft of planting seeds.

When you plant a forest of ideas you gotta wait for the trees to grow. Of course, if access to the mind is granted on a scale larger than a single conversation, like the amount of access and influence schools or social media have, that forest can grow faster.

What tends to happen with the human mind is it absorbs a bunch of data overtime until ideas related to that data become their own; until one day, way down the road, their own mind begins to feed them the ideas which came from the base-knowledge that was previously provided by someone else. That's how Humpty Dumpty is programmed.

This is indeed how the minds of people are formed and molded by the powers that be in any given society; via media, school, music, organized religious establishments, sigils (company logos), cultural traditions (that no one seems to have a clue as why they are doing them), and the hundred other influences bouncing around. This control of thought starts in the lower single digits of age, and it's repeated incessantly, while any out-of-order thinking habits are stomped out like an ember next a propane tank near their control tower.

A great example of this is fashion trending . . . trending fashion . . . whatever. Go ahead and take a peek at some of the trending clothes you wore twenty years ago. For the love of Jesus, look at your hair! But back then it was considered the shiznit. The trends change every few years. Man, every season! And it's the same with slang, diets, musical artists (talent sometimes debatable), political movements, and so on. Who sets these trends? Who says this or that is cool now? And why does it need to change so much? If it wasn't constantly shifting, would people buy it?

The powers-that-be invest everything into the spinning clay wheel of the population's minds they rule. Trained since birth to obey, trust, and fear authority, therefore believe what they are told, no matter what the evidence of reality suggests.

This is often accomplished through the parents themselves, but whatever the parents can't push into the mind of their child—while they work their forty plus hours per week to provide—there are plenty of influential industries lurking and shooting massive amounts of information into the young when their parents aren't looking.

When I refer to "the powers that be" I am not referring to people. It's not politicians, or secret societies, or big business moguls, for they are the ones who've been messed up the most by these same powers and principalities. They are only tools. Another distraction.

This is and has happened to everyone. If you want to help someone heal, if you want to become a healer, which is what is often required for the task you are reading this book to comprehend, you must understand the trauma everyone has endured.

It is a wartime trauma, the war is never-ending, it's just not the type of trauma of war one might consider as trauma of war. People come to perceive what I am talking about as, "just how things are." But the attacks began at birth will never cease.

We are natural living creatures, yet the moment we arrive in this world in our body vehicle we are often met with unnatural light, smells of disinfectant, machines bleeping, a premature detachment, and an injection of chemicals in our foot. Then you got what they call education, wars, death, pollution, immoral sex, modified everything, politics, personality fragmentation, never ending rules and boundaries in the name of freedom, and I could go on until I explained how everything the good Lord has created became inverted while The People cheer on the abominations.

Different angle.

A lifetime of adulterated food, water, information: insane workloads, pressures, appearances, and responsibilities: the normalization of lies, slave mentality, victimhood, and dependence on an authority: relentless fear-drip, fake-fixes, anything to distract from stillness, are all weapons used on you. A person doesn't need a horror-story past to be traumatized, you and everyone around you have been in this war your entire life and most likely never realized it.

Just in case you're not picking up what I am laying down here, imagine what a military force might do to take over and control the

people of another country. The tactics were taught to us in high school history. Poison the food and water, spread disease, keep the people divided and toxic and dumbed down just enough to think they are smart and work, enforce as many rules as possible, lie to them constantly until lies become more comfortable than the truth, control their information, communications, weaken them financially, infiltrate their spirituality and draw doubt. . .

Look around . . .

My point is, none of it can be changed by you, and it doesn't need to be. What you need to realize right now, in this very moment, as I speak these words to you, is that you did not pick this book for your Alcoholic. You picked it up and continue holding it for *you*.

You thought the answers for how to help your Alcoholic were hidden in some locker. I can give you all the combinations for its padlock, but that won't open the locker door. You can enter the right combination and yank the lock open, but that still doesn't open the locker. You can unlatch and remove the lock, but what you seek inside that locker still won't be revealed until you swing that door open and look inside.

What you find inside is not for your Alcoholic, because it's not their locker. What you find inside is the reason why you came this far. It's to find a way for you to cope, to find a way that allows you to move forward with less suffering.

Once this is understood by you, the healing process can begin. You can start to heal the chains which you thought bound you to the people, places, and things that torment. And when you heal, the chains change.

When you heal, you are no longer chained to these people, places, and things—they are chained to you. They need to hear *you!* They need to put up with your glory, and your presence, and your truth. They no longer affect how you are, how you feel, or how you grow—you begin to influence them.

“Dear God (or whatever power you believe in that's greater than your own ego), grant me the serenity to accept the things, people, and places I cannot change (but that does not mean I won't try), the courage to change the things I can (which are only my choices), and the wisdom to know the difference (which requires the application of a changed mind).”

That was an alteration of the serenity prayer used often in AA. It'll save your life.

Your life doesn't need to be in shambles to take this path. Coincidentally, it's the same path your Alcoholic will need to walk. So, call me a moron if you will, but the best way to help your Alcoholic is to get on their path and find the Way. The path doesn't lead anywhere, it has no destination, your destination is the path itself, and it veers and steers according to who you're on that path with.

You see, I could go on and on about Enablers and Interventions and things to avoid that won't set back your progress with your Alcoholic—like bringing up your Alcoholic's past mishaps while they are trying to become better. *I had to throw that one in there.* But no matter how good I am at providing all the combinations, it won't work.

It would be the same as texting you about all the obstacles on a mountain bike trail. I could write to you about all the roots and rocks and swarms of bugs that will get in your teeth, but you would probably hit them all while reading the text anyway.

You will need to walk the path yourself. Get familiar with it. Then you can go down the mountain all Baja Blast on your way to meet your Alcoholic stuck on that root.

I recommend this because many of you have noticed a pattern. Some of you, when you look back, seem to keep attracting the same type of people into your life. There's just more of them than normal. Your parents, associates, significant others tend to turn out to be drunks.

Some people feel out of control, so they attract a controlling person. Some were raised around alcoholism so much that it's just what's familiar, comfortable, no matter how destructive. Some just need a collection of things and people to complain about. And for some, being around flawed people makes them feel better about themselves, much like watching mentally ill people on Reality TV.

None of these reasons matter until you want it to change, until you get sick of your own character's role. Once again, to change your character's role, you gotta shift around what's inside. A new job won't change who you attract, or who you are attracted to. Hitting the lottery won't change repetitious life scenarios. *If you can't manage one hundred dollars, you can't manage a million.* Your universe changes when you realize the outside reflects the inside, and that's what you work on if you want the outside to shift because that's your part in it.

There's a support group out there for you too. You can only read so many books and pray so many times before ya gotta get out there and meet with others to do the work, to build a new house. It's called

Al Anon. For the young folk, there's Alateen. Whether you are perfect or not, I highly suggest this as a starting point. It doesn't matter the reason.

Remember when I went through the Twelve Steps and hinted that this Way of living should be taught and practiced by everyone? I wasn't joking.

Al-Anon Family Groups, founded in 1951, is a "worldwide fellowship that offers a program of recovery for the families and friends of alcoholics, whether or not the alcoholic recognizes the existence of a drinking problem or seeks help." Alateen "is part of the Al-Anon fellowship designed for the younger relatives and friends of alcoholics through the teen years."

I shouldn't need to explain the program any further.

The only things I'm advising you to do is what you are asking your Alcoholic to do, and by doing that you will find them. You will meet them on the path. You will meet many on the path.

The only question you need ask yourself is, do you want things to continue the way they are, or are you still blaming others for how you feel about your life, or theirs? I know you just want to care, you want the suffering to stop, but as the common proverb goes, "nothing changes if nothing changes," Now, are you really going to run around telling everyone else to change so you feel better about what they are doing? "Become the change you wish to see in [your] world." *I promise that was the last wise guy quote.*

Don't worry. I'm not going to leave you hanging with that.

Let's flip the script again.

When you utterly understand the nature of your own wounds you can help others with theirs. This is possible because your wounds are the doors within your personal hell. But what you will find when you finally meet these doors is that they are not exits. They are not exit doors at all. You are not meant to leave. You are meant to invite something else in. The Divine. It's upon the bravery of this invitation that the healer becomes you; what heals enters you, and you become a person who learned how to access and share it, a channel tuned to the right frequency.

I apologize for the hocus pocus. Let me share an example of what you will be able to do once you have reclaimed your Nature. The following story is totally true, no exaggerations:

At one point in my life, I had this roommate. An interesting Original American (Native American) fellow. To me, he was like an old and wise Chief wrapped in a young and dumb body. He had what I thought was smokers cough, but over a two-week period the cough got noticeably worse. Like, door jamb rattling worse.

I asked him why he was coughing up a lung. He told me how he and his ex-girlfriend had been in a car accident about six months prior and a bunch of tiny glass shards somehow got lodged in his lung. The doctors told him there wasn't much they could do but the lung still works, and to just hope the organ can manage. And, of course, if things changed, to give them a call.

We chose the optimistic hope that the increased intensity of his cough was simply the lung finally getting the glass out, but he should probably get the doctors to check and make sure because . . . well, pieces of glass in your lung is a fairly serious situation.

He called the specialist the next day and went in for some scans. That evening he looked bummed, so I asked how the appointment went.

"They said my lung is dying, decomposing, and that's what I've been coughing up."

"Dude, you are literally coughing up a lung!"

"Yuh. They want to remove it. Surgery is in two weeks."

Then my curiosity kicked in. "Is it the whole lung?"

"No, just a piece about that big," he said, with his fingertips about four inches apart.

"Well, do you want me to see if I can help it before you go get a chunk cut out, maybe get the living part to reanimate the dying part and get it to fix itself?"

Yeah, I really said that. But he was used to my hoo doo talk and tolerated it well, probably because of his cultural background, even though I was just some crazy white guy.

"Why not," he answered.

We started that night. I explained what we were going to do. "So basically, I'm going to massage the wound and put a bunch of intention behind the touch. I want you to do the same. We are both going to get in a state of mind where we are only focusing on your lung, nothing else exists but the work, and imagine it getting better, visualize it healing as it gets some TLC (tender loving care). Got it? Can you do that?"

"Yuh."

“Just get into that sweat lodge trance and use your imagination to suck some healing out of the air with each deep breath and get some out of my hands too. Put it all directly into that lung. We’re gonna hit it from both sides, inside and out.”

“Okay.”

I laid him on his side, palpated the lung and found the area that was decomposing. “Is this where it’s getting messed up?”

“Yuh.”

He didn’t need to tell me where it was. Primo just stops your hand when you’re searching for such things. And it wasn’t my first time doing this type of stuff either.

And that’s what we did. He would lay on his side while I gently massaged his rib cage around the lung, and we meditated on its healing. We did this every other night before sleep. That’s it.

The cough improved with each session.

The day came for his pre-operation visit, and when he came back from his appointment, he looked bewildered.

I asked how it went.

“They said it’s not dying anymore. The scans showed the area of decomposition was shrunk, like, it’s almost gone. No need for surgery. It’s healing. Another follow-up in two weeks.”

The lung did indeed heal. A little scar tissue, but no surgeries necessary.

Now, was the change in his lung due to a channeling of divine energy from my body vessel to his? Did his body cells get a new command, a new order to “repair” instead of “ignore”? Was it the loving intention injected into something unwanted? Was it him being reminded of the belief in the human design to heal? Or maybe the damaged area just needed a little circulation. I don’t claim to know for sure.

But what I can tell you is there’s a superior technology floating around that can be allowed to work through anybody. When imaginary boundaries are opened and fear abolished, miracles happen. They happen big and small, and sometimes the small ones become bigger than you thought.

So, don’t be afraid. On your path to learning what exactly it is that heals, don’t be afraid to go to your Alcoholic and touch them, hug them. Hug their soul with your own. And tell them, “We got this!”

Okay, that was a little warm and cozy. But I assure you, happy endings do happen.

SIMPLY SOBER

THE END

